Contribution Form. Mail or fax it to the Foundation with your tax-deductible contribution.

Epilepsy Foundation of Kentuckiana
Kosair Charities Centre
982 Eastern Parkway
Louisville, KY 40217-1566

Fax #: 502-637-4442

Donor’s Name: ________________________________________________

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City: ________________________   State: __________ Zip: __________

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Amount of donation: $______________ Contribution given:

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$_________ In Honor of ________________________________________________________________________

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Would you like for us to mail an acknowledgement of your donation? ___ Yes ___ No

If Yes:

Name: ________________________________________________

Address: ________________________________________________________________________________

City: ________________________ State: _____ Zip: _______

You’ll be happy to know your tax-deductible contribution will remain in this area, supporting the many programs and services available through the Epilepsy Foundation of Kentuckiana.

Thank you for your support!