



Please designate one of the following programs for your donation:

- | | |
|---|---|
| <input type="checkbox"/> Greatest Need | <input type="checkbox"/> Group homes: |
| <input type="checkbox"/> Camp Flame Catcher | <input type="checkbox"/> Arborview |
| <input type="checkbox"/> Advocacy | <input type="checkbox"/> Benton Center |
| <input type="checkbox"/> Counseling | <input type="checkbox"/> Cedar Creek |
| <input type="checkbox"/> Community Education | <input type="checkbox"/> Sycamore Vista |
| <input type="checkbox"/> Adult Activity Program | |

This gift is: In memory of: _____
 In honor of: _____

Please notify the following individual or family of this gift:

Name: _____
Relationship to deceased/person of honor: _____
Address: _____
City: _____ State: _____ Zip: _____

Please make your check or money order payable to the Epilepsy Foundation of Greater Cincinnati and Columbus.

Or to charge:

American Express/Discover/Visa/MasterCard # _____
Security Code: _____ Expiration Date: _____
Signature of card holder: _____

Amount of Gift: \$ _____

Donor information: Mr. Mrs. Mr. & Mrs. Miss Ms. Other

Name: _____
Address: _____
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Return to: Epilepsy Foundation of Greater Cincinnati and Columbus
895 Central Avenue, Suite 550
Cincinnati, OH 45202