

In Memoriam Donation

Your details (A tax deductible receipt will be issued for donations made over \$5)

Title		First Name:		Surname:	
Address 1:					
Address 2:					
Town/Suburb:				Post Code:	
Telephone:		Mobile:		Fax:	
Email:					<input type="checkbox"/> Yes, I may be contacted by email.

In Memory of

So that we can notify the family of your 'in donation in memory of their loved one, please advise the following

Name:					
Address 1:					
Address 2:					
Town/Suburb:				Post Code:	

Payment Details:

Enclosed is my donation of: \$25 \$50 \$100 A gift of my choice: \$ _____

I am paying by: Visa MasterCard Amex Diners
 Cheque enclosed (please make out to 'Epilepsy New Zealand')
 Internet Banking: 02-0316-0132384-00 (Please enter your name as a reference and follow up with details to national@epilepsy.org.nz)

Card No: _____

Expiry Date: __ / __ Card Holder _____

Signature _____

Did you know that you can also donate online? www.epilepsy.org.nz

I would like more information on:

- Donating regularly from my bank account or credit card by automatic debit
- Yes, please send me information on Wills and Bequests
- Mail me more information about epilepsy and the work of Epilepsy NZ.

Mail or fax this form to:

Donations, Epilepsy NZ,
PO Box 1074, Waikato Mail Centre, Hamilton 3240, New Zealand
Ph. (07) 834-3556, Fax. (07) 834-3553
General email national@epilepsy.org.nz | Website www.epilepsy.org.nz