



EPILEPSY YORK REGION

We care... We can help!

MEMBERSHIP FORM

NAME: _____

ADDRESS: _____

CITY: _____ PROVINCE: _____ POSTAL CODE: _____

PHONE: _____ (HOME) _____ (BUSINESS)

E-MAIL: _____

ANNUAL MEMBERSHIP (**FREE**): NEW RENEWAL

I WOULD LIKE TO MAKE A DONATION:

- \$25
- \$35
- \$50
- \$100
- OTHER: _____

TOTAL ENCLOSED: \$ _____

Please make cheques payable to **Epilepsy York Region**.

Charitable receipts will be issued for all donations of \$10.00 or more.

Charitable Registration Number: 86673 7208 RR0001



Please return this form to:

Epilepsy York Region
Loyal True Blue and Orange Home
11181 Yonge Street, Richmond Hill, ON L4S 1L2
(905) 508-5404 info@epilepsyork.org www.epilepsyork.org