



80 Monroe Ave Ste 405, Memphis, TN 38103 • www.heartsofepilepsy.org • info@heartsofepilepsy.org

PLEDGE/DONATION FORM

Yes, I will support the **HEARTS OF EPILEPSY FOUNDATION** with a Gift of \$ _____
or Pledge of \$ _____

Payment Method (or make a gift or pledge online at www.heartsofepilepsy.org)

Through my check made payable to **HEARTS OF EPILEPSY FOUNDATION**

Through my credit card (VISA, MasterCard, Discover, or American Express)

Card number _____ Expiration Date ____/____

Please choose one of the following fulfillment options:

One-Time Gift

Specific Payment Schedule:

Payment Amount \$ _____ **Date** _____

Recurring Monthly Gift (through the **Hearts of Epilepsy Foundation**—automatic renewal each year; can be increased, decreased or suspended by contacting the Hearts of Epilepsy Foundation at (901) 453-6599)

Signature _____ Date _____

This is a *Tribute Gift* in honor of/in memory of _____

(Notification will be sent to honorees or their designee.)

Yes, my employer will make a matching gift to the Hearts of Epilepsy Foundation Campaign.

Company Name _____

Return completed pledge form to **Hearts of Epilepsy Foundation 80 Monroe Ave, Suite 405, Memphis, TN 38103-2481**; scan and email it to info@heartsofepilepsy.org; or fax it to **855-287-5684**. Please contact us at **901-453-6599** with any questions.

Thank you for supporting Hearts of Epilepsy Foundation. Gifts to the Foundation are tax-deductible to the fullest extent of the law as no goods or services are provided in consideration of a gift (Tax ID #45-1595792). Under the direction of the Board of Directors, the HEF Foundation retains complete control over the use and distribution of donated funds in furtherance of its mission.