



**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:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Payment Method:** \_\_\_ **Check #** \_\_\_\_\_

*Amount of donation: \$\_\_\_\_\_ Contribution given:*

\$\_\_\_\_\_ In Celebration of \_\_\_\_\_

\$\_\_\_\_\_ In Honor of \_\_\_\_\_

\$\_\_\_\_\_ In Memory of \_\_\_\_\_

**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!**