



Donation Request Form

_____ Yes count me in! I would like to help The Epilepsy Foundation of Central Ohio by donating to the Silent Auction.

Item Description:

Value\$ _____

For our program, it is important that you complete the section below so we can properly acknowledge you or your company.

Business Name: _____
Contact Person: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____ Email: _____

Signature: _____

_____ I am unable to donate an item this year, but I would like to make a financial contribution.
(Please make checks payable to the Epilepsy Foundation of Central Ohio.)

For our program, it is important that you complete the section below so we can properly acknowledge you or your company.

Business Name: _____
Contact Person: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____ Email: _____

Signature: _____

All donations will be acknowledged in the program, and with a tax letter.

Please **return** your form and items **by February 9, 2010**. Thank you!

Devorah Kermisch
C/o Epilepsy Foundation Central Ohio Chapter
1043 Chelsea Ave.
Bexley, OH 43209

Questions please call the Epilepsy office directly: 614-255-0326 or email Heidi.Moss@shcare.net