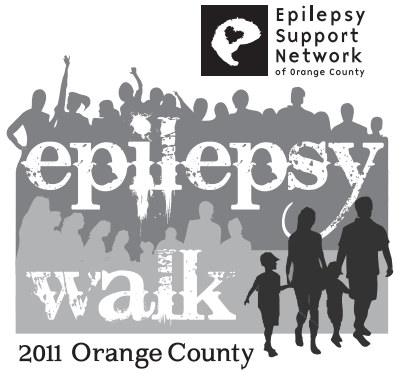

GENERAL DONATION FORM

I am unable to attend this year's Epilepsy Walk of Orange County but would still like to make a contribution in the following way(s):

☐ I've enclosed a gift of $_____

☐ I've enclosed $_____ from sponsors.

My gift is:

In honor/tribute _____

For team _____

On behalf of ESNOC and the community we support, thank you for your generosity.

First Name _____

Last Name _____

Address _____

City/State/Zip _____

Phone _____

Cell _____

Email _____

Please mail this form with checks to:

Epilepsy Support Network of Orange County
9114 Adams Avenue, #288
Huntington Beach, CA 92648

Sponsor Form for Epilepsy Walker _____ **Team** _____

SPONSOR NAME	ADDRESS	E-MAIL and TELEPHONE	$ AMOUNT	CASH	CHK
Ima Walker	54321 Sprint Ln, Costa Mesa, 92646	imawalker@aol.com (714) 765-4321	$50		✔

TOTAL AMOUNT

Contact us:
For more info about the ESNOC, call 714.916.0456 or email us info@EpilepsySupportNet.org

Epilepsy Support Network of Orange County is a 501(c)3 non profit, Federal tax exempt organization.