



Annual Saratoga *Stroll for Epilepsy*

DONATION FORM

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Enclosed is a donation in the amount of \$ _____.

Checks can be made payable to EFNENY.

Please accept this donation for the following team or participant:

Team Name: _____

Participant Name: _____

Thank you for your support!

Any questions can be directed to Susan Kaczynski, (518) 456—7501

Main Office: 3 Washington Square ~ Albany, NY 12205 **Phone:** 518-456-7501 ~ **Fax:** 518-452-1282

Upper Hudson Valley Satellite Office: 60 Park Lane, Suite 4 ~ Highland, NY12528 **Phone:** 845-883-6320 ~ **Fax:** 845-883-6324

Local Website: www.epilepsyfoundation.org/efneny