

EFMN Pledge Form

My meaningful personal pledge of: \$ _____

Automatic credit card deduction

Payment included

Make my gift anonymous

Make your gift online at: www.efmn.org/giving and learn more about your impact

Name(s): _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email Address*: _____

*Email address is required for all gifts made by credit card.

My gift is payable by: Cash Check Credit Card Visa MasterCard American Express Discover

Make automatic deduction on: (mm/dd/yy) : _____ Send Pledge Reminder on: (mm/dd/yy) : _____

Name on Card: _____

Card Number: _____ Exp Date: _____ CVV: _____

Make automatic deduction on: (mm/dd/yy) : _____ Send Pledge Reminder on: (mm/dd/yy) : _____

Make gift recurring: Start (mm/dd/yy) : _____ End: _____ Frequency: Monthly Quarterly Bi-Annually Annually
 Send a pledge reminder Automatic deduction from credit card Receive Acknowledgement Annually Only

Designate this to programs that: EDUCATE CONNECT EMPOWER Other: _____

My employer has a charitable matching gift program: Yes, company name: _____
 I don't know, please provide more information
 No, my employer does not having a matching gift program

Make gift this in memory of honor of someone special: _____

Send Acknowledgement to: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Signature: _____ Date: _____

I have included EFMN in my Will/IRA/Estate Plans

I would like to learn more about planned giving at EFMN

Please return this pledge card with payment installment. 1600 University Ave W, Ste 300, St. Paul, MN 55104

Checks made payable to: Epilepsy Foundation of Minnesota

If you have any questions please contact Dinah Swain at 651.287.2303 or dswain@efmn.org

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