

Team Captain: _____

Team Name: _____

Walk Location: _____

DEPOSIT TICKET

Total Amount: \$ _____

Mail deposit to:
1600 University Avenue West, Suite 300
St. Paul, MN 55104



**EPILEPSY
FOUNDATION**

Minnesota

- Checks only—NO CASH.
- Use this deposit ticket to mail donations prior to July 21 (Regions) or September 8 (Metro).
- Donors will receive a receipt for their donation.
- **Your deposit will be credited to your team total within 5 business days.**

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