DEPOSIT TICKFT

DEPOSIT TICKET	EPILEPSY FOUNDATION
Team Captain:	
Team Name:	
Walk Location:	
Apply Gift To: Team Team Member (write name)	
Total Amount: \$	 Checks only—NO CASH. Use this deposit ticket to mail donations prior to
Mail deposit to: 1600 University Avenue West, Suite 300 St. Paul, MN 55104	 July 21 (Regions) or September 8 (Metro). Donors will receive a receipt for their donation. Your deposit will be credited within 5 business days.

DEPOSIT TICKET	EPILEPSY FOUNDATION
Team Captain:	FOUNDATION Minnesota
Team Name:	
Walk Location:	
Apply Gift To: 🗌 Team 🗌 Team Member (wr	ite name)
Total Amount: \$	 Checks only—NO CASH. Use this deposit ticket to mail donations prior to
Mail deposit to:	July 21 (Regions) or September 8 (Metro).
1600 University Avenue West Suite 300	 Donors will receive a receipt for their donation.
St. Paul, MN 55104	 Your deposit will be credited within 5 business days.

DEPOSIT TICKET	EPILEPSY FOUNDATION	
Team Captain:	FOUNDATION Minnesota	
Team Name:		
Walk Location:		
Apply Gift To: 🗌 Team 🗌 Team Member (write	name)	
Total Amount: \$	Checks only—NO CASH.	
Mail deposit to: 1600 University Avenue West Suite 300 St. Paul, MN 55104	 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 within 5 business days. 	