



VICTORIA EPILEPSY & PARKINSON'S CENTRE

813 Darwin Ave. Victoria, B.C. V8X 2X7 Tel: (250) 475-6677 Fax: (250) 475-6619 www.vepc.bc.ca

KNOWLEDGE CONFIDENCE LIFE!

MEMBERSHIP FORM

Your membership dues include your subscription to our quarterly newsletter. Some other services we offer include:

- professional staff expertise
- individualized service
- variety of education & discussion meetings
- expert guest presenters
- community in-services
- consultation and counselling

Membership year is from January 1st to December 31st.

Please print in all the information below. This information remains confidential and our mailing list is never released to outside organizations or individuals. Email addresses are a very handy way that we can update you on special educational events and services.

MEMBERSHIP INFORMATION

Name: _____

Address: _____

Postal Code: _____ Phone Number: _____

Email address for program updates: _____

- | | |
|--|---|
| <input type="checkbox"/> Epilepsy Membership | <input type="checkbox"/> Parkinson's Membership |
| <input type="checkbox"/> Individual | \$25 |
| <input type="checkbox"/> Limited Income | \$ 5 |
| <input type="checkbox"/> Family (includes couple, plus dependent children) | \$35 |
| <input type="checkbox"/> Professional/Business/Corporate | \$50 |

Kindly return and make cheques payable to **V.E.P.C. Society**
(Victoria Epilepsy and Parkinson's Centre Society)

If you wish to make a donation at this time, please see the back of this sheet.

DONATION FORM

If you would like to make a donation at this time, kindly fill out the following information.

- I would like to make a monthly donation of \$ _____
to start on _____ (month/day/year)
- I would like to pay by Visa/MC # _____
Expiry Date _____
- Please withdraw the above amount from my bank account each month.
Please note: You must enclose a cheque marked VOID if you wish to use the
bank account debit option.
- Account #: _____ Bank: _____
- Bank Address: _____
- Signature: _____

Credit card and direct debit information remains strictly confidential and used for Agency purposes only. If you would prefer to give this information to VEPC personally, please phone 475-6677. This authorization will stay in effect until we hear from you otherwise. You can increase, decrease or cancel your direct debit at any time by telephone call or in writing. Tax deductible receipts are issued promptly, except to those on the debit program wherein a receipt for your total donation will be issued at the end of the calendar year.

- I would like to make a single donation of \$50 ____, \$100 ____, \$Other _____
- Enclosed is a cheque payable to VEPC
- I would like to pay by Visa/MC # _____
Expiry Date _____

Note: We thank our donors, within donation categories, in our Annual Report which is distributed to members, funders and those interested in supporting the work we do. Donation amounts remain strictly confidential. If you do not wish your name published, please notify us at 475-6677 or kindly check (✓) the box below.

- I do not wish my name included in the donor 'thank you' section of the next Annual Report.

Signature

Date