

Epilepsy Ontario
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EPILEPSY AWARENESS BRACELET ORDER FORM

Name: _____
Circle: Dr. / Miss / Ms. / Mr.

Address: _____

City/Town: _____ **Province/State:** _____ **Postal Code:** _____

Country: _____ **Phone (with area cods):** _____

Fax/E-mail: _____

BRACELET ORDER (please check off one box and fill out where applicable):

- \$3 each
- \$2.50 each x _____ pieces (minimum 2, up to 4) = \$ _____
- \$2 each x _____ pieces (minimum 5, up to 99) = \$ _____
- \$1.50 each x _____ pieces (100 or more) = \$ _____

* Shipping included

Please specify your method of payment (please check one):

Cheque (Addressed to "Epilepsy Ontario") VISA MASTERCARD

CARD NUMBER: _____ **EXPIRY DATE:** _____ / _____
Month Year

AMOUNT: \$ _____

SIGNATURE: _____ **DATE:** _____

Please send this order form to us via mail or fax. Thank you very much for purchasing our epilepsy awareness bracelet.