

# MAKE A DONATION TO SHINE EPILEPSY SUPPORT ORGANIZATION BY CHEQUE

Yes, I would like to help bring relief to people affected by epilepsy around Kenya by making a donation by cheque to the Shine Epilepsy Support Organization (SESO).

## 1 - I would like to support one of the following operations:

For logistical and administrative reasons, we ask you to choose one operation only. If you wish to support our activities in one county in particular, please refer to the list of operations accepting donations on our website at [www.shineepilepsysupport.org/donations](http://www.shineepilepsysupport.org/donations). Please choose one of the operations listed. If you do not, the SESO reserves the right to earmark your donation for an operation of its choice.

- |   |  |
|---|--|
| <input type="checkbox"/> As the SESO chooses  | <input type="checkbox"/> Community Education                 |
| <input type="checkbox"/> Seizure First Aid Training   | <input type="checkbox"/> Camp Programs                       |
| <input type="checkbox"/> Support Groups   | <input type="checkbox"/> Medical Assistance                  |
| <input type="checkbox"/> Banners to Bags (B2B) Project  | <input type="checkbox"/> Green Schools Program (GSP) Project |
| <input type="checkbox"/> Other (consult our website at <a href="http://www.shineepilepsysupport.org/donate/">www.shineepilepsysupport.org/donate/</a> ) |  |

## 2 - My personal details

The SESO takes great care to protect the personal data of its donors. This data is stored confidentially and will not be shared with third parties for marketing purposes.

- You are
- |   |                                       |
|---|---------------------------------------|
| <input type="checkbox"/> a private individual | <input type="checkbox"/> a company    |
| <input type="checkbox"/> an organization      | <input type="checkbox"/> a foundation |

### Organization / company / foundation

*(Only if you are making a donation on behalf of an organization, a company or a foundation.)*

Title  Ms  Mr

First name(s) ..... Surname(s) .....

Address .....

Postcode ..... Town / city ..... Country territory .....

E-mail address ..... Telephone no. ....

*(optional)* *(optional)*

- Yes, I wish to be kept informed of the SESO's activities by e-mail.

### Donation on behalf of a third party in memory of in honour of on behalf of

*Please fill in below the details of the person(s) you would like to be notified of your donation.*

Title  Ms  Mr

First name(s) ..... Surname(s) .....

Address .....

Postcode ..... Town / city ..... Country territory .....

E-mail address ..... Telephone no. ....

*(optional)* *(optional)*

## 3 - Please complete all the relevant sections of this form and send it, together with your cheque, to the following address:

Shine Epilepsy Support Organization  
P.O Box 3061-00200  
Nairobi, Kenya

