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Charity # 80288 6218 RR0001

Purple Gala 2021

Gift Donation Request

On Saturday March 27th, 2021, we look forward to Hosting our Purple Gala virtually! You are invited to register and join us live at 7pm from the comfort of your own home. Entire households can participate, or you can host a small 'watch party' (if allowed) to support Epilepsy South Central Ontario in a variety of ways.

This year's theme for the Gala is:

Dancing through the Pandemic
a virtual evening to dance into the hearts of our children and youth

Our Goal is to raise \$50,000 to continue vital counselling services, public education, and programs such as Sunny Days Camp and the Youth Empowerment Program, which help to overcome the stigma, myths, barriers & the challenges of living with epilepsy.

100% of the Funds raised from the Auction will go directly to our children and youth. With your support, all proceeds from the Purple Gala will once again make an astounding impact to the young people we serve. Our children are our future, let's help to make it a bright one.

Please consider donating a gift towards the Auction in support of Epilepsy South Central Ontario's ongoing free client programs, public education and counselling services.

Contact the Mississauga office to discuss this opportunity in further detail. Please return the completed "Purple Gala 2021 Gift Donation Agreement" form by mail or fax (905-820-9393) **before March 15th, 2021.**

Receipt of auction items are required by **March 18th, 2021** at our Epilepsy South Central Ontario office located at:

250A Lakeshore Road East
Mississauga L5G 1G9

**On behalf of the families who rely on the support services of Epilepsy South Central Ontario,
THANK-YOU for your consideration of this request**

Cynthia Milburn, CEO

Purple Gala 2020 Gift Donation Agreement

Net proceeds from Purple Gala 2020 will raise the funding to keep Epilepsy South Central Ontario's essential programming for Sunny Days Camp for Kids and the Caroline Cunningham Epilepsy Centre for Youth & Young Adults FREE for families and individuals living with epilepsy

Company Name: _____

Contact Name: _____ Title: _____

Address: _____

City: _____ Prov: _____ Postal: _____

Daytime Phone: _____

Email: _____

Gift Information:

Please provide a detailed gift description (including any restrictions and expiry dates) **Use one Gift Donation Agreement per gift.**

Retail Value: \$ _____

Item to be delivered to Epilepsy South Central Ontario: YES NO Delivery Date: _____

Item to be picked up by Epilepsy South Central Ontario: YES NO Pickup Date: _____

Received on: _____ Received by: _____ (staff)

Item picked up on: _____ Item picked up by: _____ (staff)

DISCLAIMER

PROMOTIONS: Epilepsy South Central Ontario is permitted to mention all donation items in gala promotional material.

ENTITLEMENT: Where applicable, a gift certificate, letter of entitlement and/or brochure should be provided by the donor for presentation to the winning bidder at the auction. Please attach the materials to this form.

VISUAL DISPLAY: Colour photographs and/or brochures are necessary to visually promote your gift at the Silent Auction. Please send all materials with this form.

MEDIA PRESENTATIONS: Please include a file of your corporate logo for use as display or media.

RETAIL VALUE: Personal property that is donated, including but not limited to – art, jewelry, antiques, etc., please contact the office if a tax receipt is requested.

APPROVAL: Epilepsy South Central Ontario reserves the right to combine donated items to create a unique Silent Auction item or use them for other Epilepsy South Central Ontario fundraisers. All gifts are subject to final approval by the gala committee.

Donor's Signature: _____

Auction Solicitor's Name: _____

Please Return Completed Form To:

Mail: Epilepsy South Central Ontario
250A Lakeshore Road East
Mississauga, ON L5G 1G9

Email: david@epilepsysco.org

Fax: 905-820-9393

Please Send or Drop-Off Donation to:

Epilepsy South Central Ontario
250A Lakeshore Road East
Mississauga, ON L5G 1G9

OFFICE USE ONLY

Receipt Required: YES NO

Donation Received: YES NO

To be combined: YES NO

Staff: _____

Date: _____