

## Donation Call Settlement Claim Form

Settlement Certificates shall be made to eligible Settlement Class Members on a claims-made basis. Each member of the Settlement Class shall be entitled to make a claim for a Settlement Certificate. As detailed in the Class Notice on the settlement website, the Settlement Certificate is a certificate in the amount of \$75.00 for a one-time use at any Savers or Value Village thrift store in the United States, or alternatively, that certificate can be exchanged for a check in the amount of \$25.00. Any Settlement Class Member shall be entitled to make one claim. This claim form information will NOT be used to add you to any donation solicitation list or other marketing list.

To make a claim, Settlement Class Members must complete and **submit** this Claim Form either **on-line no later than AUGUST 15, 2019** or, if **mailed**, the Claim Form **must be postmarked** no later than **AUGUST 15, 2019**.

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Address 1 (street name and number): \_\_\_\_\_

Address 2 (apartment, unit or box number): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Foreign Country (only if not USA): \_\_\_\_\_

Optional Telephone Number for contacting you if there are questions about your claim:  
(Home/work/cell): \_\_\_\_\_

Email Address for contacting you if there are questions about your claim: \_\_\_\_\_

Cell phone number(s) at which you believe you may have received one or more telephone calls from Apogee Retail regarding donation solicitation on behalf of Epilepsy Foundation of America:

\_\_\_\_\_

CPT ID: (Please enter the CPT ID set forth in the postcard notice that you received. This number is directly above your name on the front of the postcard. If you did not receive a postcard notice, or cannot locate the CPT ID, you may leave this field blank):

CPT ID: \_\_\_\_\_

I believe I received one or more telephone calls from Apogee Retail regarding donation solicitation on behalf of Epilepsy Foundation of America during the Class Period of between July 1, 2011, to September 30, 2015, on one or more of the cell phone number(s) identified above.

By submitting this claim form, I certify that the foregoing information is true and correct.

Signature of Claimant: \_\_\_\_\_

Print Name of Claimant: \_\_\_\_\_

Date: \_\_\_\_\_