



# Direct Donation Form

I want to make a difference in the lives of people with brain injury by supporting the Brain Injury Association of Rhode Island, Inc. Enclosed is my gift of \$ \_\_\_\_\_ made payable to the Brain Injury Association of RI, Inc.

Donor Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

I would like to make my gift:

in memory of     in honor of     commemorating  
(birthday, anniversary, special occasion)

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

Send acknowledgement card to:

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

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

For payment by credit card, please complete the following:

Visa     MasterCard     Discover

Account Number: \_\_\_\_\_

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

Card Holder Name: (Please print) \_\_\_\_\_

Card holder address if different from above: \_\_\_\_\_

Card Holder Signature: \_\_\_\_\_

Please print out and return to: Brain Injury Association of Rhode Island, Inc.  
935 Park Ave. Suite 8  
Cranston, RI 02910

or print out and fax to: 401-461-6561