

Donation Form

YES, I want to make a difference in the lives of people with brain injury with my contribution of:

\$25.00 \$50.00 \$100.00 \$250.00 \$500.00 Other \$ _____

Donor Information

Select One: ___ Mr. ___ Mrs. ___ Ms. ___ Mr. & Mrs. ___ Dr. Other _____

Name: _____

Company: _____

Street Address: _____

City, State, Zip _____

Phone:/email _____

Complete if this is a tribute gift

Optional-

Select One: **My Donation is** ___ in memory ___ in honor :

Name of
Honoree/

Name(s)

Occasion

Person to notify Name _____

about your
tribute gift

Address: _____

City, State, ZIP _____

E-mail: _____

We will notify the honoree of your contribution and acknowledge your contribution in an upcoming issue of THE Challenge! Call Us with Questions: (703) 761-0750

Please make checks payable to **Brain Injury Association of America** and send your contribution and this form to BIAA at the address above.

PREFER TO CONTRIBUTE VIA CREDIT CARD? Visit biausa.org/support

The Brain Injury Association of America is designated by the Internal Revenue Service as a tax-exempt organization under Section 501(c) (3) of the Internal Revenue Code. Tax ID is 04-2716222. The Brain Injury Association of America does not sell or trade donor lists with outside organizations.