



Philadelphia The Brain Aneurysm Foundation is the nation's premier nonprofit organization solely dedicated to providing critical awareness, education, support and research funding to reduce the incidence of brain aneurysm ruptures. The Brain Aneurysm Foundation was established in 1994 as a public charity.

Your donation will enable the Brain Aneurysm Foundation to progress in so many ways. Through your support, we will be able to continue to provide support and educational materials and information to brain aneurysm patients, their families, and the medical community to promote critical awareness of brain aneurysms which will lead to earlier detection. The Brain Aneurysm Foundation is funding essential research that can directly benefit those affected and help reduce the incidence of ruptured aneurysms. Thank you for making a difference with your support!

Please check donation level:

- | | |
|---|--|
| ☐ Supporter, up to \$49 | ☐ Diamond Circle, \$1,000-\$4,999 |
| ☐ Circle of Friends, \$50-\$99 | ☐ Board of Directors Circle, \$5,000-\$9,999 |
| ☐ Silver Circle, \$100-\$249 | ☐ Research Circle, \$10,000 or greater |
| ☐ Golden Circle, \$250-\$499 | ☐ Foundation Investor Circle, \$25,000 or greater |
| ☐ Platinum Circle, \$500-\$999 | |

Please complete the mailing information below:

Your Name: _____

Address: _____

City, State, Zip: _____

Phone: _____

Email: _____

Gift Instructions:

- ☐ Donate by check

Check enclosed for \$_____ (Please make check payable to the Brain Aneurysm Foundation and mail to:
The Brain Aneurysm Foundation, 269 Hanover Street, Building #3, Hanover, MA 02339

Tribute Information:

To make this gift a tribute in honor or in memory of a loved one, please fill out the fields below. At your request, the Brain Aneurysm Foundation contact the person of your choice notifying him or her of your gift.

☐ In Memory of: _____

☐ In Honor of: _____ ☐ In honor of any special occasion? _____

Event Information:

To apply this gift to an event or participant in event, please fill out the fields below. Your donation will appear on their fundraising page online (if applicable) once applied.

☐ Event Name: **2018 Philadelphia Aneurysm/AVM Event** ☐ Event date: **Saturday, September 15, 2018**

☐ Event Participant: _____ ☐ Team (if applicable) _____

Send notification to (please select Letter or Email):

Name: _____

Address: _____

City, State, Zip: _____

Email: _____

Your generous support of the Brain Aneurysm Foundation is greatly appreciated. Your charitable contribution is tax deductible under 501 (c)(3) of the IRS code to the extent allowed by law. For more information, please contact: The Brain Aneurysm Foundation, 269 Hanover Street, Building #3, Hanover, MA 02339, www.bafound.org (781) 826-5556 or (888) 272-4602 (toll free)