



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:**

- |   |  |
|---|--|
| <input type="checkbox"/> Supporter, up to \$49        | <input type="checkbox"/> Diamond Circle, \$1,000-\$4,999                 |
| <input type="checkbox"/> Circle of Friends, \$50-\$99 | <input type="checkbox"/> Board of Directors Circle, \$5,000-\$9,999      |
| <input type="checkbox"/> Silver Circle, \$100-\$249   | <input type="checkbox"/> Research Circle, \$10,000 or greater            |
| <input type="checkbox"/> Golden Circle, \$250-\$499   | <input type="checkbox"/> Foundation Investor Circle, \$25,000 or greater |
| <input type="checkbox"/> 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 CA BAA Volleyball Tournament**

Event date: **Saturday, April 14, 2018**

Event Participant: \_\_\_\_\_

Team (if applicable) \_\_\_\_\_

**Send notification to (please select Letter or Email):**

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

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

City, State, Zip: \_\_\_\_\_ Email: \_\_\_\_\_