



BRAIN ANEURYSM FOUNDATION

Raising Awareness. Ending Fear.™

MAIL-IN DONATION FORM

DONATION INFORMATION

Total Donation Amount: _____ Number of checks (if sending multiple): _____

Please make checks payable to the **Brain Aneurysm Foundation** and mail to: Brain Aneurysm Foundation, 269 Hanover Street, Bldg 3, Hanover, MA 02339

Name: _____ Phone Number: _____

Mailing Address: _____

City/Town: _____ State: _____ Zip Code: _____

Email Address: _____

EVENT INFORMATION

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

Name of Event: _____ Date of Event: _____

Event Participant: _____ Team (if applicable): _____

TRIBUTE INFORMATION

To make this gift in honor or in memory of a loved one, please fill out the fields below.

In Honor of: _____ In Memory of: _____

GIFT NOTIFICATION INFORMATION

At your request, the Brain Aneurysm Foundation will notify the person of your choice of your gift.

By letter Name: _____

Mailing Address: _____

City/Town: _____ State: _____ Zip Code: _____

By email Email Address: _____

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 us by calling 781-826-5556 or emailing office@bafound.org.