



**BRAIN INJURY
ASSOCIATION**
OF NEW HAMPSHIRE

Celebrating **30** Years

2013 ANNUAL FUND

SUSTAINING MEMBERS support the Annual fund with a recurring gift throughout the year.

Gift Amount: \$1000 \$250 \$100 \$50 \$35 Other \$ _____

Gift Frequency: Monthly Quarterly Annual One-time gift

MY GIFT IS A TRIBUTE —

IN MEMORY OF _____ IN HONOR OF _____

Credit Card— Visa Mastercard Discover Amer Exp.

Card No. _____ Expiration Date: _____

Name/Signature _____ CVV2 _____
(Security code # on back)

Direct Debit— Please attach a voided check and authorize with signature

Signature _____

Bill Me — We will invoice you based on your gift frequency designated above.

NAME _____

ADDRESS, CITY, ZIP: _____

EMAIL ADDRESS: _____ **PHONE:** _____

YOUR DONATION IS FULLY TAX DEDUCTIBLE. OUR TAX ID IS 02-0397683

109 NORTH STATE STREET ● CONCORD NH 03301 ● 603-225-8400 ● 800-773-8400 ● WWW.BIANH.ORG