



Help, Hope, and a Voice for People with Brain Injury and their Families

GENERAL DONATION FORM

PERSONAL INFORMATION

NAME:

ADDRESS:

CITY/STATE/ZIP:

PHONE:

EMAIL:

MY PLEDGE IS IN
HONOR OR IN
MEMORY OF:

GIFT AMOUNT

\$10 \$15 \$25 \$50 \$100 Other: _____

PAYMENT METHOD

Please write your check to The Brain Injury Association of North Carolina. Enter in the following information if you're using a credit card to make your donation.

METHOD: Check Credit Card (Visa/MasterCard)

CREDIT CARD
INFORMATION:

EXPIRATION DATE: _____ SECURITY CODE: _____

CARD HOLDER'S NAME: _____

You can mail this form and payment to BIANC at:



3733 National Dr Suite 115
Raleigh, NC 27612



You can also email
this form to:
bianc@bianc.net