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## Donation Form

Thank you for deciding to make a gift to the Brain Research Foundation.

### Donor Information

\*Title: \_\_\_\_\_ \*First Name: \_\_\_\_\_ \*Last Name: \_\_\_\_\_

\*Street Address: \_\_\_\_\_

Suite/Apartment: \_\_\_\_\_

\*City: \_\_\_\_\_ \*State: \_\_\_\_\_ \*ZIP: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

\*E-Mail: \_\_\_\_\_

I/We wish to remain anonymous.

**Please enter your name as you wish it to be listed in publications.**

### How would you like your gift to be used?

General Donation

In Honor of:

\*Title: \_\_\_\_\_

\*First Name: \_\_\_\_\_

\*Last Name: \_\_\_\_\_

Notes: \_\_\_\_\_

In Memory of:

\*Title: \_\_\_\_\_

\*First Name: \_\_\_\_\_

\*Last Name: \_\_\_\_\_

Notes: \_\_\_\_\_

Other:

\_\_\_\_\_

\_\_\_\_\_

**Please send acknowledgement to:**

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

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

City, State ZIP: \_\_\_\_\_

## Donation Information

\*Donation Amount: \$

\*Cardholder: \_\_\_\_\_

\*Credit Card Type:

\*Credit Card Number: \_\_\_\_\_ \*Security Code: \_\_\_\_\_

\*Expiration Date:

***Would you like to be on our mailing list?***

Yes

No