

**Brain Injury Association of Ohio**

1-866-644-6242



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855 Grandview Ave, Suite 225 ● Columbus, OH 43215-1123

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone – home \_\_\_\_\_ work \_\_\_\_\_

Email \_\_\_\_\_

Enclosed is my contribution for:

- \$250
- \$100
- \$75
- \$50
- \$25
- Other \_\_\_\_\_

***Please make checks payable to Brain Injury Association of Ohio.***

My gift is for:

- Annual Giving Campaign
- In honor of \_\_\_\_\_
- In memory of \_\_\_\_\_
- Please acknowledge to (name and address) \_\_\_\_\_

Thank you for supporting the Brain Injury Association of Ohio.