



MAIL-IN GIFT FORM

Brain Research Centre
2211 Wesbrook Mall
Vancouver, British Columbia
Canada V6T 2B5

Tel: 604-822-7246
Fax: 604-822-0361

Date

Enclosed is my gift for \$

Your information for tax receipt purposes. (Please make cheque payable to the Brain Research Centre)

My Name Mr. Mrs. Ms. Dr.

Company, if corporate gift

(Receipt will be issued in the company name)

ADDRESS INFORMATION

Street Address

City Province/State

Postal Code

Country

Telephone

Fax

Email

PLEASE COMPLETE THIS SECTION FOR CREDIT CARD GIFTS:

Credit Card No.

Exp. Date

Visa MasterCard

Name on Card

Signature

If you would like to make your gift a memorial or tribute, please complete this section.

In honour of

In memory of

Name

I WOULD LIKE THE FOLLOWING PERSON TO BE NOTIFIED OF MY GIFT:

Name

Tel

Street Address

City Province/State

Postal Code Country

I would like to receive e-newsletters and other communications from the Brain Research Centre.

WOULD YOU LIKE YOUR DONATION TO GO TOWARD A SPECIFIC BRAIN DISEASE?

Please Specify:

PAYMENT SCHEDULE:

One time payment

Pledge payment (over a maximum of 5 years)

I will contribute \$_____ CDN a year for ____ years

I will contribute \$_____ CDN a month for ____ months

Please print this form or contact us by phone to send you a form in the mail. Mail or fax credit card gifts. If a cheque, mail with completed form to the address above. Thank you for your donation!