Journey of Hope Gala

Bryant Park Grill
November 12, 2026

Honorary Committee Form

All proceeds benefit the Brain Injury Association of New York State

_____**YES!** I am happy to support the Brain Injury Association of New York State and I would like to join the Honorary Committee for the 2026 Journey of Hope Gala with my purchase of ____ Honorary Committee individual tickets @ $400 per person.

This ticket purchase, in the amount of $400 per ticket, provides one complimentary ticket and listing in the Journey of Hope Gala invitation, on the event website, signage, and program booklet.

_____I am unable to attend. Please accept my donation of $_____ to the Brain Injury Association of New York State.

Please indicate how you wish your name(s) and/or affiliation to be displayed on all materials:

_____

Contact Name: _____

Company Name: _____

Contact Address: _____

Phone Number: _____ Email: _____

Total Enclosed $ _____ ** Please make payable to Brain Association of New York State*

Please invoice me.

Signature: _____

Please complete and submit this form as soon as possible to:

Eileen Reardon, Executive Director
Brain Injury Association of NY State
5 Pine West Plaza, Suite 506, Albany, NY 12205
ereardon@bianys.org

Brain Injury Association of New York State