



Dear Friend,

The Brain Injury Association of New York State will host the 2024 Journey of Hope Gala on Thursday, November 14 at the iconic Midtown Loft & Terrace in Manhattan. Now in its 17th year, the gala celebrates the courageous individuals and families impacted by brain injury, including the evening's award winners, Joe & Jane Concato, Senator Brady Hoylman-Sigal, and Andrew Siegel, Esq.

The 2024 Journey of Hope Honorary Committee is being chaired by Elza Guzman, OTD, MS, OTR/L, MPH from the Department of Rehabilitation Medicine at NewYork-Presbyterian Brooklyn Methodist Hospital.

Please join us as an Honorary Committee Member for the 2024 Gala. Honorary Committee tickets are available for a donation of \$400. In recognition of your support, your name will be prominently listed on the invitation, website, and in the event program booklet alongside other outstanding leaders. To become an Honorary Committee Member, complete the attached form and return it to Eileen Reardon at ereardon@bianys.org for processing. Also, please share this with your peers and consider providing contact information for others who might like to attend the Journey of Hope Gala and/or support BIANYS.

Whether it's caring for survivors, advocating for best treatment practices and better Medicaid services, offering professional development, referring patients and families to brain injury professionals for treatment, or connecting survivors, the help that the Brain Injury Association of New York State fills a void for those dealing with brain injury.

Thank you in advance for joining us in providing support, and resources, and paying it forward. We look forward to seeing you at the Gala!

With warm regards,

Elza Guzman OTD, MS, OTR/L, MPH
Department of Rehabilitation Medicine
NewYork-Presbyterian Brooklyn Methodist Hospital

Eileen Reardon
Executive Director
Brain Injury Association of New York State



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 2024 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

Or charge to: VISA MC Card #: _____

Expiration Date: _____ / _____ Security Code: _____

Name as it appears on card: _____

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, Albany, NY 12205
ereardon@bianys.org



Would you be so kind as to provide additional contacts, friends, family or professional, who would also be interested in the Journey of Hope Gala?

Name

Address

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

9. _____

10. _____

Please complete and submit to:
Eileen Reardon, Executive Director
Brain Injury Association of NY State
5 Pine West Plaza, Albany, NY 12205
ereardon@bianys.org

