



Make an impact.

2024 Annual Appeal

I wish to make a gift in the amount of:

- \$25
- \$50
- \$100
- \$250
- \$500
- Other \$_____

Name _____

Company/School _____

Address _____

Email _____

Phone _____

Donations are tax-deductible. Please consult your tax advisor regarding the deduction.

Payment Information

- Enclosed is a check in the amount of \$_____
- Credit Card: Please pay online at bianys.org or contact us at 518-459-7911.
- I wish to talk to someone about leaving a gift in my will.
- I wish to make my donation in honor/memory of (please circle one): _____

Name and address for acknowledgment: _____

My employer/company will match my donation. Contact information for your company: _____

Please return form to:
The Brain Injury Association of New York State
5 Pine West Plaza, Suite 506
Albany, NY 12205

A copy of the Brain Injury Association of New York State's latest annual report may be obtained, upon request, from BIANYS (5 Pine West Plaza, Suite 506, Albany, NY 12205) or from the New York State Attorney General's Charities Bureau (120 Broadway, 3rd Floor, New York, NY 10271).