



Donation Form

Please print clearly

Send completed form and donation to:

Center for BrainHealth
2200 West Mockingbird Lane
Dallas, TX 75235

Donor Information:

Mr. and Mrs. Mr. Mrs. Ms. Dr. Other: _____

Donor Name(s) / Contact Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

Designation Information:

I would like to apply my gift to: BrainHealth general fund Other (please specify) _____

Tribute Information (Optional):

My gift is in: Honor of Memory of Name _____

On the occasion of _____

Please send acknowledgement of the above gift to:

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

Additional Information:

I would like to give anonymously.

I would like someone to contact me about including the Center for BrainHealth in my estate plans.

Payment Information:

I wish to make a one-time gift of: \$ _____

I wish to make a monthly gift of: \$ _____ For _____ months

I wish to make an annual gift of: \$ _____ For _____ years

All gifts are tax deductible to the amount allowed by law.