

## ARBI CLIENTS . . . SURVIVING TO THRIVING

### MONTHLY CONTRIBUTOR

***Yes, I want to make life better for brain injury survivors!***



#### DONOR INFORMATION

- This is an individual contribution  
 I want the tax receipt made out to me
- This is a corporate contribution  
 I want the tax receipt made out to a company

Name \_\_\_\_\_

Address \_\_\_\_\_  
 \_\_\_\_\_

Company \_\_\_\_\_

Title \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Email\* \_\_\_\_\_

\*Help us save mailing/printing costs by providing us with your email so that we can send newsletters and invitations to special events electronically

#### FINANCIAL INFORMATION

I wish to make a monthly contribution to ARBI. Please accept my gift of:

\_\_\_ \$10/month \_\_\_ \$20/month \_\_\_ \$50/month \_\_\_ \$100/month \_\_\_ \$ \_\_\_ /month.

\_\_\_ Please accept the enclosed post-dated cheques.

\_\_\_ Please charge my \_\_\_ VISA or \_\_\_ MasterCard on the 15<sup>th</sup> of every month for the above amount.

Card Number \_\_\_\_\_ Expiry Date \_\_\_\_\_

Name on Card \_\_\_\_\_ Signature \_\_\_\_\_

I understand that I may cancel my bank or credit card authorization at any time with written notice to ARBI. I also understand that I will receive a charitable tax receipt at year-end for the total of my donations.

Date \_\_\_\_\_ Signature \_\_\_\_\_

As part of our recognition program, we may publish donor names in ARBI publications, such as our annual report recognition releases.

I / We would like to be recognized as (eg. John and Jane Smith, The Smith Family, etc.)  
 \_\_\_\_\_ in any publications related to donor recognition.

I wish my gift to remain anonymous

**THANK YOU**