

## GIVING FORM

***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**

### ONE-TIME DONATION

I wish to make a contribution of \$ \_\_\_\_\_.

- Enclosed is a cheque made payable to the Association for the Rehabilitation of the Brain Injured (ARBI) or
- Please charge my credit card information below.
- Please direct my donation to:
- Area of greatest need  
 Onsite  
 Outreach

Card Number \_\_\_\_\_ Expiry Date \_\_\_\_\_  
Name on Card \_\_\_\_\_ Signature \_\_\_\_\_

### ARBI CLIENTS . . . SURVIVING TO THRIVING MONTHLY CONTRIBUTOR

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 \_\_\_\_\_ CSV \_\_\_\_\_  
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

### GIFT OF SECURITIES

ARBI accepts donations of publicly listed securities. For details, please contact Derek Bechthold at 403-242-7116.