



## 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 \_\_\_\_\_

### Gift Information:

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 apply my gift to:       BrainHealth general fund       Other (please specify) \_\_\_\_\_

Please send me a supply of donor envelopes.

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

### Payment Information:

I wish to make a single gift of:      \$ \_\_\_\_\_

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

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

I wish to make my gift with:

A personal check made payable to the Center for BrainHealth (enclosed).

**\*\* To make your gift with a credit card, please contact Gail Cepak at 972.883.3408 or gail.cepak@utdallas.edu**

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

*Any questions, please contact the Center for BrainHealth's Community Relations department:  
2200 West Mockingbird Lane | Dallas, TX 75235 | 214.905.3007*