



## Mail-In Donation Form

To make a donation, please complete this form and send with payment to:

**The Center for Head Injury Services**  
**11828 Lackland Road**  
**St. Louis, MO 63146**

Your generosity will help people with brain injuries, autism and other disabilities reach their maximum potential by developing skills, creating opportunities and shaping brighter futures.

### Donor information

Donor name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

My employer will match my gift.

Company \_\_\_\_\_

Would you like to receive occasional email updates from the Center?  Yes, sign me up!  No, thank you.

**Is this gift a memorial or tribute?**  Memorial  Tribute

Your gift in memory or honor of an important person recognizes them for a special occasion or remembrance of a special life. An acknowledgment of your thoughtful gift will be sent to the individual named below. The donation amount will not be disclosed.

Name of honoree or deceased \_\_\_\_\_ Occasion \_\_\_\_\_

Relationship to honoree or deceased \_\_\_\_\_

Name of person to receive acknowledgement \_\_\_\_\_

Address \_\_\_\_\_

### Gift information

\$1,000  \$750  \$500  \$250  \$100  \$50  Other \$ \_\_\_\_\_

Visa  MasterCard  Discover  American Express  Checks made payable to CHIS

Credit card # \_\_\_\_\_ Exp. Date \_\_\_\_\_ CVV (on back) \_\_\_\_\_

Name (as it appears on card) \_\_\_\_\_

Billing address (if different from above) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

*Thank you for your donation. You are making a difference!*

The Center is a 501(c)(3) non-profit organization. Donations are tax-deductible in accordance with IRS regulations.

The Center for Head Injury Services | p 314.983.9230 | f 314.983.9235 | headinjuryctr-stl.org

