



**BIAPH CHARITABLE DONATION FORM**

Please accept my/our support of the **Brain Injury Association of Peel and Halton (BIAPH)**.

**Enclosed is my/our donation for:**

- \$500.00
- \$250.00
- \$ 100.00
- \$ 75.00
- \$ 50.00
  
- \$ \_\_\_\_\_

**Please make cheque payable to BIAPH and submit to:**

**Brain Injury Association of Peel and Halton,  
2155 Leanne Blvd., Ste#240,  
Mississauga, ON L5K 2K8**

**or pay using :**

\_\_\_ VISA; \_\_\_ MasterCard; \_\_\_ AMEX

**CARD NUMBER** \_\_\_\_\_

**Expiry Date:** \_\_\_\_/\_\_\_\_ (MM/YY)

**Date:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **Postal Code:** \_\_\_\_\_