

## Every 23 seconds a brain injury occurs in the United States

The Brain Injury Association of Kansas and Greater Kansas City is devoted to serving individuals with brain injuries, their families and the professionals who treat them.

No individual or family should have to face this alone. A gift to the Brain Injury Association of Kansas and Greater Kansas City shows you care! Your generous support assists in providing the following:

- **\$75** provides for safety helmets for 12 children.
- **\$100** provides for mailing educational brochures and information to 40 individuals.
- **\$400** provides education on the effects, and signs and symptoms of brain injury to 150 front-line staff working with those that may be undiagnosed with brain injury.

### Giving Opportunities to Show You Care

No matter what its size, every gift is important. Your contribution enables the Brain Injury Association of Kansas and Greater Kansas City to continue providing opportunities and promoting solutions that advance the quality of life of people with brain injuries and their families. There are many ways to help:

- **Cash Gift**
- **Bequest** – Designate BIA of Kansas and Greater Kansas City as a recipient of part of your estate or establish a gift annuity.
- **Insurance** – Designate BIA of Kansas and Greater Kansas City as the beneficiary of a life insurance policy.
- **Tributes / Memorials** – Honor someone living or deceased, or celebrate an occasion of graduation, promotion, birthday, or holiday with a gift.
- **Matching Gift** – Ask the benefits officer where you work if your company has a matching gifts program.

The Brain Injury Association of Kansas and Greater Kansas City is a 501(c)(3) not-for-profit organization. Gifts to the organization are tax-deductible.

If you have any questions, please call our office at 913-754-8883.

### Make A Difference - - Mail Your Contribution Today!

Enclosed is my gift of \$ \_\_\_\_\_

Please charge my Visa  MasterCard

Card # \_\_\_\_\_ Exp \_\_\_\_\_

Signature \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Daytime Telephone \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

In honor/memory of: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Please do not disclose my name and/or donation in any publications or other correspondence.

**Please return completed form to:**  
**Brain Injury Association of Kansas and Greater Kansas City**  
**6405 Metcalf Ave, Suite 302**  
**Overland Park, Kansas 66202**