



MAIL-IN DONATION FORM

Thank you for considering a donation to Rocky Mountain Hyperbaric Association for Brain Injuries. Your gift is a meaningful way to make a positive impact in the lives of people with brain injuries.

GIFT INFORMATION

Donation Amount (Please check appropriate box):

\$5.00 \$10.00 \$20.00 \$50.00 \$100.00 Other \$ _____

PAYMENT INFORMATION

Name _____ Business Name (optional) _____

Address _____ City _____ State _____ Zip Code _____

Email Address _____ (must be filled out for credit card donations)

Billing Phone Number _____ (must be filled out for credit card donations)

My donation is enclosed (Please make checks payable to RMHABI)

Please charge my:

Visa MasterCard American Express Discover

Credit Card Number _____ CSC Code _____ Expiration Date _____

Name on Card _____ Billing Address is same as Payment Information

Billing Address _____

Billing City _____ Billing State _____ Billing Zip Code _____

Signature _____

Rocky Mountain Hyperbaric Association for Brain Injuries is exempt under Section 501(c)3 of the IRS and this gift is tax deductible.

QUESTIONS?
Contact Eddie Gomez, Nonprofit and Patient Services
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