



*Yes, I want to contribute to the advancement of our knowledge of neurodegenerative disease research.*

*I want to support the University of Wisconsin/VA Madison Brain*

*Please make your check payable to the "Board of Regents"*

*Please complete the following form and return to:  
UW/VA Madison Brain Bank  
2500 Overlook Terrace GRECC 11G  
Madison, WI 53705*

*I would like to make the following donation to the UW/VA Madison Brain Bank:  
Please complete the following information and mail with your donation to the address above*

\$25     \$50     \$100     \$250     \$500     Other \$ \_\_\_\_\_

Donor:     Mr.     Ms.     Mrs.     Mr. & Mrs.     Miss     Dr.

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Daytime phone(\_\_\_\_\_) \_\_\_\_\_ E-mail address \_\_\_\_\_

- I prefer to remain anonymous
- You may publish my name in a upcoming UW/VA Madison Brain Bank Newsletter

This gift is in memory of: \_\_\_\_\_ (Name of deceased)

Please notify: Name \_\_\_\_\_

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

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

Notified person's relationship to the deceased (spouse, child, sibling, etc) \_\_\_\_\_

This gift is in honor of a special person

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

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

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

All donations are tax deductible  
Thank you for your generosity!

Phone (608) 256-1901 ext 11767

[www.wcmp.wisc.edu/brainbank/](http://www.wcmp.wisc.edu/brainbank/)

[brainbank@medicine.wisc.edu](mailto:brainbank@medicine.wisc.edu)