

TBF RESEARCH GRANT DONATION FORM



The Bee Foundation
FOR BRAIN ANEURYSM PREVENTION



TBF PREVENTATIVE RESEARCH PROGRAM

The purpose of this program is to promote novel approaches to the early detection and prevention of ruptured cerebral aneurysms, or early emergency and critical care treatment. We fund proposals that test an innovative hypothesis or develop new outcomes via interdisciplinary or translational research.

Since 2014 TBF has funded **19 research grants** and **2 fellowships** to leading neuroscientists. Private funding is first step to achieving meaningful scientific advancements that will save lives.

The federal government
spends only

\$3.02

per year on brain
aneurysm research for
each person afflicted with
a brain aneurysm.

Too often the signs of brain aneurysms go unnoticed and we lose those we love in the prime of their lives. **30,000 brain aneurysms ruptures per year, 40% resulting in death.**

Research and awareness are critical to fighting this disease and imagining a world where brain aneurysms can be PREVENTED.

Visit www.thebeefoundation.org/tbf-research/ to learn more

Together We Can Achieve Prevention

TBF Research Grant Form

YOUR GIFT

I want to help fund a TBF Research Grant: \$25,000 \$50,000 over 2 Years \$75,000 over 3 Years

I want to donate to a specific fundraiser or event: _____

My gift is in Honor/Memory of: Honor Memory

First and Last Name: _____

I want to restrict my donation to research funding only: Yes No

**If you check no, your donation will be a general donation*

Requested Name - Would you like to give the grant a specific name? _____

CONTACT INFORMATION

Company Name/Foundation Name: _____

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____

Postal Code: _____ Phone: _____

Email Address: _____

PAYMENT INFORMATION

Donate by check - Please make your check payable to The Bee Foundation

Donate by credit card - Name on card: _____

Card Number: _____ Expiration Date: _____ Security Code: _____

Donation will be made through existing fundraiser: _____

BILLING INFORMATION

Billing address is the same as mailing address

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____

Postal Code: _____

Please return completed form and your check to the address below. You will receive a written acknowledgement of your gift with a receipt via mail. Forms may be emailed for online payments.

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WWW.THEBEEFOUNDATION.ORG

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Foundation**
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