

HEADWAY

ONLINE NEWSLETTER

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The Intersection of Brain Injury & Homelessness in New Hampshire: Taking Steps to Address an Important Public Health Issue

by Sarah Kilch Gaffney

Brain injury survivors face many public health challenges, including increased risk for substance use disorder and mental health challenges, as well vulnerability to domestic violence, financial insecurity, unemployment, incarceration, and homelessness.

Over the past year, BIANH has been working with the National Association of Head Injury Administrators (NASHIA) through their Leading Practices Academy, a national training initiative that provides strategic and customized technical assistance to individual states. Through this effort, NASHIA worked with BIANH to provide a five-training series to two partner behavioral health organizations: Center for Life Management and the Mental Health Center of Greater Manchester. The training series included instruction and support on: the intersection of brain injury, homelessness, and behavioral health; the Online Brain Injury Screening & Support System (OBISSS); and on strategy-focused trainings on the cognitive effects of brain injury including memory and attention challenges.



Caitlin Synovec

Caitlin Synovec, an occupational therapist working as a consultant with NASHIA who specializes in resources designed to address the intersection of homelessness, poverty, traumatic brain injury, and mental health, has been spearheading this project in New Hampshire. Addressing the intersection of brain injury and homelessness is so much more than providing a roof over someone's head: homeless individuals face many challenges in general, and those struggling with a brain injury on top of homelessness face even more barriers to accessing supports and services.

Some of those challenges include the stigma of homelessness and how it is portrayed in the media, inequitable access to services for those experiencing homelessness, including intensive rehabilitation and other services not designed for unhoused individuals, and not enough resources for homeless service providers. According to Synovec, "We know that 70% of people experiencing homelessness have a disability, data shows that folks with cognitive impairment stay homeless longer, and there is emerging

---Continued

evidence that brain injury is a predictor for homelessness.” She added, “There are also larger safety issues at play—for homeless service providers, they need to prioritize someone’s health and safety first above all else, which can make connecting someone with necessary brain injury services and resources even more challenging.” Add to this a general lack of resources, numerous policy barriers, and a significant lack of affordable housing, and it is unsurprising that individuals are struggling.

Through this Leading Practices Academy project, Synovec is hopeful about increased support for New Hampshire brain injury survivors experiencing homelessness. A big part of the project has been to implement and train mental health services staff on the OBISSS screening tool, which will help these organizations identify individuals who might have a history of brain



injury, and then help them get connected with needed services. NASHIA designed the OBISSS tool to be an easily accessible, online screening system that determines an individual’s potential exposure to brain injury in their lifetime and identifies any associated problems that are present. Even better, the OBISSS tool can be utilized by almost anyone—there is no need for a clinician to conduct the screening.

Matt Bouchie, the Homeless Outreach Coordinator for the Mental Health Center of Greater Manchester, has already noted a difference since staff went through the training. “For our staff, I think the impact of the trainings has been huge,” Matt shared. “We all feel like we now have more of an understanding of brain injuries and the symptoms associated with them. We all found the strategies to be very helpful, and we feel like we

now have tools to help folks who struggle with things like impairments in attention, memory, and processing information. It benefits our patients by helping to provide an explanation as to why they are struggling with these issues and allows them to see that, through learning and practicing these strategies, there is hope that things can get better.”

For the New Hampshire brain injury community, Synovec hopes that there will also be increased recognition and acceptance of individuals experiencing homelessness. “People who are unhoused are still part of the community and likely just lack resources and supports. There is still a lot of stigma around unhoused individuals, and we need to work on accepting them and offering better supports instead of turning people away.” For Chelsea Zarcone, the Clinical Brain Injury Specialist at the Center for Life Management, the positive impact of this project was twofold: the increase in awareness and education around the intersection of brain injury, behavioral health, and homelessness and the development of community relationships. “Building rapport with other agencies who share our mission was great. When discussing how best to support individuals with complex needs, the best way to do that is build a village. I am hopeful to continue fostering these relationships for better outcomes for New Hampshire residents.”

Other providers in the community can do more, too, Synovec shared. “From the provider perspective, organizations can take a look at their services and see how accessible they are to the unhoused, how flexible they are with their programs, and how they can build relationships so that community members can have equitable access to services.”

Now that the Leading Practices Academy project has wrapped up, Synovec’s goals are to offer continued support, to check in with the local organizations implementing the OBISSS screenings, and to serve as a resource for them as they move forward and try to integrate these increased services into their programming.

In the end, Synovec believes in the incredible power of the brain injury community. “I believe we can change our communities to be more supportive, to be more empathetic, and to better support unhoused individuals.”

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PRESIDENT'S MESSAGE:

Takeaways from the 2024 BIAA National Affiliate Leadership Conference*by Jonathan D. Lichtenstein, PsyD, MBA*

This October I had the privilege of attending the National Affiliate Leadership Conference hosted by the Brain Injury Association of America (BIAA). After attending this meeting last year and meeting the national team, I was asked by BIAA to join the conference planning committee for 2024. I was thrilled to do so, working with representatives from Michigan, Indiana, and New York.

We designed an agenda focused on networking, community engagement, and the exchange of ideas. Ultimately, I found these components to be the most beneficial from the 2023 meeting, so we doubled down and made that the focal point for 2024.

This annual meeting had been held in Florida for the past 20+ years, but had to change venues due to hurricane Milton. Seemingly galvanized by the natural disaster and last minute move to Texas, this group of administrators and grassroots advocates approached the matters of how to transform brain injury care with a renewed gusto. This was a particularly unique conference because we were welcoming back several state affiliates who had chosen over a decade ago to join a different national organization, the United States Brain Injury Alliance (USBIA). In September, USBIA agreed to reunite with BIAA, under the BIAA banner. This resulted in a palpably uplifting feeling, as old friends that were sorely missed had now returned. Meeting with leaders from Colorado, Nebraska, and New Jersey was quite exciting, as these states have achieved some remarkable legislative achievements on behalf of individuals with brain injury.

As board president, I relish the opportunity to speak with brain injury advocates from around the country. In addition to gathering new ideas, I'm also able to learn about what has made certain initiatives sustainable, which is a key element about choosing what programs to foster in New Hampshire. It was also fun to share our own successful operations and projects, from which other states benefit as well. One example is BIANH's longstanding work with brain injury and substance abuse, which now seems to be a priority for organizations in multiple states and they are eager to learn from our experience.

Ultimately, one of my big takeaways from this meeting was that the state of brain injury advocacy in this country is strong. After years of fighting for brain injury to be designated as a chronic health condition, CMS finally agreed. There is significant promise that this designation (which went into effect January 1, 2025) should open up new pathways and channels for funding that directly impact the lives and care of individuals living with brain injury. After all, that is our mission. That is our charge. Remaining a central part of these affiliate conferences will allow New Hampshire to not only demonstrate itself as a leader in brain injury care, advocacy, and support, but also to bring ideas home that have been successful elsewhere. I look forward to next year's conference, further strengthening relationships and gathering more concepts, all in the service of doing better by our New Hampshire community.

EXECUTIVE DIRECTOR'S MESSAGE

Building a Justice System that is Inclusive and Responsive to Brain Injury*by Steven D. Wade, Executive Director*

Most people are unaware of the intersection of brain injury and the criminal justice system. It is estimated that over half of individuals encountering the criminal justice system have experienced at least one brain injury, yet many of these individuals are undiagnosed or misdiagnosed and left without proper care and supports across the criminal justice continuum.

The Brain Injury Association of America, the National Association of State Head Injury Administrators (NASHIA) and other brain injury advocates have lobbied extensively for legislative and funding support to address this issue. Recently, they won a legislative victory with the Traumatic Brain Injury and Post-Traumatic Stress Disorder Law Enforcement Training Act (H.R. 2992), which was signed into law in August 2022 and requires the Bureau of Justice Assistance (BJA) to develop training tools and resources for first responders focused on brain injuries and post-traumatic stress disorder. As a key step toward fulfilling these responsibilities, BJA requested that The Council of State Governments (CSG) Justice Center conduct a landscape review of this topic to lay the foundation for future work in this area. The recently issued report is titled "Building Justice System that is Inclusive and Responsive to Brain Injury."

This report represents a Call to Action for criminal justice actors at the local, state, and federal levels to recognize the importance of identifying and appropriately addressing brain injury across the system. The recommendations focus on outlining a clear roadmap across the criminal justice system to implement best practices to improve responses to persons living with brain injury, in addition to highlighting the importance of supportive resources and infrastructure to advance these recommendations. Equipped with these findings and recommendations, criminal justice actors across the field can take action to create a justice system that is inclusive and responsive to individuals with brain injury.

Please reach out to our office if you wish to receive a copy of this report.

41ST ANNUAL BRAIN INJURY & STROKE CONFERENCE

JOIN US!

Wednesday, May 14, 2025

Grappone Conference Center, Concord, NH

Registration link coming soon - please
check our website - www.bianh.org



Keynote Speaker
Ali Rheume

The Blank Paper

Ali Rheume is an encouraging light in the journey of navigating life after brain injury. She has a Bachelor's degree in Movement Science and a Master's Degree in Health, Physical Education, and Recreation. Ali is the founder and facilitator of a virtual support group called Life After Concussion, in addition to an in-person social hour for individuals navigating disability called Rise Up. She also serves on the Brain Injury Council of Massachusetts, is a member of the Franklin Disability Commission, and is the owner of her own art business called Embracing Unique. She uses social media to help multiply hope, provide new perspectives, and apply her gift of teaching to educate and advocate.

Ali is passionate about people and bringing the community together as a collaborative effort to increase support and awareness for brain injury, disability, and inclusion.

For more information, contact Lori Sandefur lori@bianh.org or call 603-568-8817

ANNUAL WALK BY THE SEA & PICNIC

**Walk by the Sea to Support Individuals
Living with Brain Injury****NEW DAY OF WEEK! - SATURDAY, JUNE 7, 2025****2025 Sponsorship Opportunities****Why should you be a sponsor?**

The annual walk has gone from being just a fundraiser to a favorite time for brain injury survivors, family members, and the whole brain injury community to come together to celebrate our accomplishments and share a fun day. Your sponsorship will go a long way to help us continue to provide a fun event for all and show your support!

T-shirt Sponsor - \$3500

(only one t-shirt sponsorship available)

Includes:

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Corporate representative to address participants

Prominent recognition in post-event newsletter

Free business card ad in post-event newsletter

Logo & link on Walk registration page

Walk Thank You Sponsor - \$1500

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Logo on t-shirt

Placement on thank you post card sent to all walkers
post event

Prominent recognition in post-event newsletter

Logo & link on Walk registration page

Annual Picnic Sponsor - \$2000

(Sponsorship of post walk picnic lunch)

Includes:

Logo on t-shirt

Signage at walk

Prominent recognition in post-event newsletter

Free business card ad in post-event newsletter

Logo & link on Walk registration page

Morning Coffee Sponsor - \$750

Includes:

Logo on t-shirt

Recognition in post-event newsletter

Logo & link on Walk registration page

Signage at Coffee Area

Prize Sponsor - \$500

Includes:

Logo on t-shirt

Recognition in post-event newsletter

Logo & link on Walk registration page

Please contact BIANH for your sponsorship - renee@bianh.org or (603) 225-8400

BRAIN MATTERS 2025

**BRAIN MATTERS 2025****Wednesday, January 22, 2025 - 8:30 AM – 10:30 AM**

Virtual Training: Brain Injury 101 - An Introductory Presentation on the Primary Sequelae of a Brain Injury

Presenter: Gina England, MA, CCC-SLP

Cost: \$25.00

Register: <https://p2p.onecause.com/bm101a/>

This presentation is designed as a basic introduction to the most immediate physical, cognitive, emotional and communication changes an individual can experience after sustaining a traumatic brain injury. Its purpose is to provide an overview of the acute phase of recovery and to serve as a bridge to other Brain Matters presentations that focus on the post-acute phase of recovery.

Gina England, MA, CCC-SLP, has 43 years of experience in the field of speech and language pathology. Her specialty areas include neuro-rehabilitation, dysphagia, cognitive rehabilitation, aphasia, verbal apraxia, dementia, and multimedia-resource based interventions.

Wednesday, February 12, 2025 - 8:00 AM – 12:00 PM

Virtual Training: Managing Challenging Behaviors through Cognitive Reconnections

Presenter: Gina England, MA, CCC-SLP

Cost: \$25.00

Register: https://p2p.onecause.com/bm_mcbr/

The sequelae of traumatic brain injury often include emerging behaviors that challenge the survivor's quest for renewed independence. Behaviors such as impulsivity, aggression, depression, and social inappropriateness become barriers to emotional, social, and vocational recovery. Too often the survivor is defined by these behaviors which are attributed as a natural response to the "injury". In truth, many of the persistent challenging behaviors of TBI can be directly related to a specific cognitive deficit. Traditional behavior management techniques address the associated behavior, but not necessarily what is "driving" the behavior. This presentation will focus on those cognitive deficits that are most likely to "drive" these behaviors and will offer participants suggestions and strategies on how to neutralize the behavioral responses to these deficits in executive cognitive skills.

Gina England, MA, CCC-SLP, has 43 years of experience in the field of speech and language pathology. Her specialty areas include neuro-rehabilitation, dysphagia, cognitive rehabilitation, aphasia, verbal apraxia, dementia, and multimedia-resource based interventions.

For more information, contact gina@bianh.org

NORTH COUNTRY INDEPENDENT LIVING

FALLING INTO WINTER

The fall season is long behind us and the chilling winter is chasing us inside for our indoor activities. This past fall had residents hiking, attending local fairs, volunteering at local animal shelters, visiting the Pumpkin People, participating with the annual NCIL Halloween party, and celebrating Thanksgiving. Yoga and the recreation group have been in full swing for some time now and it seems that everyone enjoys both stretching, meditation, crafts, bingo, and assessing their knowledge in Jeopardy!



Once again, the annual NCIL Christmas party was an enormous success. Residents gathered at the North Conway Community Center to enjoy games, karaoke, and judging of the gingerbread house contest. Big Dave's Deli was a new choice for dining with an assortment of deli sandwiches, potato salad, pasta salad, potato chips, and pickles. All of the NCIL residents made and brought tasty treats for dessert. The annual NCIL nominations were submitted and tallied for the "Personal Growth" award and the "Spirit of Giving" award, while so many kind words were written for those residents in these categories, there could only be two winners. The recipients received a framed plaque and a gift card as well.

The Spirit of Giving award was presented to Jim M, of the Barrington Residence with many of the nominations writing that he is always asking if any help is needed to the staff or his peers, he assists with cooking, chores, and anything else needed to be done. He always offers to share his personal snacks, is kind to everyone, and shows much patience with others.



The Personal Growth award was presented to Nick B, of the Westside Residence with the nominations sharing of him advocating for himself among his peers, he demonstrated growing independence while completing tasks. He continues to volunteer for Meals on Wheels, always with a friendly smile and greeting the senior citizens. He also remembers peers' interests and joins in conversations; he has focused on self-improvement and exercise.

All of the residents enjoyed making Gingerbread Homes for the party; so many creative thoughts went into this activity. It was a difficult decision to choose a winner for sure! But the Barrington Residence was the winner! The prize is a Pizza Party to be held on a future date.

Thanks to everyone for participating in all the NCIL activities these past few months as winter marches on.





ncil NORTH COUNTRY
INDEPENDENT LIVING

Providing an alternative to institutionalized and campus living for persons with an acquired brain injury and other neurological disorders

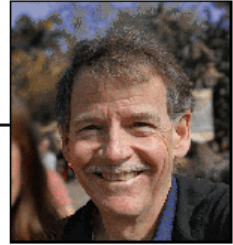
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INSIGHTS

Life Perspectives From a Brain Injury Survivor David A. Grant

A Year of Resilience: PTSD Nightmares and Embracing Hope



One year ago this month, I made a decision that might have saved my life. I had just passed the 13th anniversary of a cycling accident that changed everything. Struck by a car while cycling on Main Street in Salem, I sustained a TBI and a rather treatment-resistant case of PTSD. Living with a brain injury brings unique challenges, and when you add the relentless weight of PTSD, it can feel like trying to breathe underwater.

By last December, I was at rock bottom. PTSD manifests differently for everyone, but my ongoing struggle has been with nightmares. These aren't ordinary bad dreams; they are vivid, hyper-realistic, and terrifying—unlike anything I had experienced before my injury. The routine was cruelly predictable: I'd wake up around midnight, screaming, sobbing, and gripped by terror. At that point, I was enduring three to four episodes a week. Life felt unsustainable. Every evening, I'd climb into bed dreading what the night might bring, while weeks of sleep deprivation left both me and my wife, Sarah, utterly exhausted.

Unlike the suicidal desperation that consumed the early years after my injury, this was different. That chapter of my life had long since closed, but I reached a sobering realization: I needed help—and I needed it immediately.

"Sarah, I need to throw everything I have at this," I told her, surprising even myself with my determination. From there, I charted a new course of action, one that I hoped would finally bring relief. Over the past 13 years, I had tried nearly everything: Cognitive Behavioral Therapy (CBT), Eye Movement Desensitization and Reprocessing (EMDR), mindfulness, prayer, and meditation. Some approaches brought fleeting relief, but nothing stuck - the nightmares always returned.

I started by seeking a new therapist. When that didn't work, I tried another EMDR practitioner. Though well-meaning, these professionals didn't provide the connection or breakthroughs I needed. Frustration mounted, but giving up wasn't an option. I kept pushing. The second therapist I found this year was a perfect match. Like me, she is a brain injury survivor and lives with PTSD. For

the first time, I had someone on my care team who truly understood—not just from a clinical perspective but from lived experience. It was a game-changer.

For the first time ever, I also sought out a psychiatrist who specialized in PTSD. She introduced me to medication specifically aimed at treating PTSD nightmares. When she asked why I'd never tried this option before, my answer left her stunned: "No one ever suggested it."

Now, one year into this renewed commitment to treatment, you might wonder how things are going. Progress has been anything but linear. Some weeks feel like two steps forward, three steps back. Yet, life is undeniably better than it was a year ago. This past November, I had only one bad night. That's what I'd call hitting the sleep lottery. This year has been bittersweet. Two new grandsons have redefined my life and given me the cherished title of Papa. Their presence is nothing short of a miracle. But the pendulum swings both ways. In April, my dad passed away at 90. He was not just my father but one of my closest friends. The loss was profound. And just last month, an unexpected health scare revealed a congenital heart defect that will eventually require surgery. To have had only one nightmare in November, despite these challenges, feels like a small miracle.

Recently, however, it has been tough. Exhaustion is setting in, but so is hope. Looking back on last month, it's clear the overall trend is positive. Recovery is not a straight line. There will be setbacks, but there will also be progress. If there's one thing I've learned, it's that attitude is everything. For now, I hold onto exhaustion and hope in equal measure. And as long as hope remains, I know I'm moving forward.



MANCHESTER PATHWAYS



60 Rogers Street
Manchester, NH 03103
603-263-1300



The Granite Pathways Clubhouses would like to extend our warmest wishes to everyone for a joyful and peaceful holiday season.

As we reflect on the past year, we are filled with gratitude for the incredible support and involvement from our community. Celebrating our 10th anniversary at the Seacoast and opening our Manchester clubhouse were significant milestones, made possible by your dedication and generosity. Your commitment has been instrumental in our mission to provide a safe and nurturing environment for individuals on their journey to recovery and wellness. As we look forward to another year of growth, connection, and positive change, we thank you for being an essential part of our community. Come join us in 2025! We are open five days a week from 9:00am to 4:00pm. May the coming year bring you happiness and prosperity.

Visit us at: granitepathwaysnh.org/clubhouses



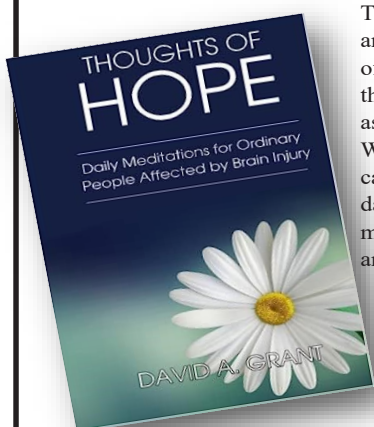
SEACOAST PATHWAYS

CELEBRATING
10 YEARS



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603-570-9804

Thoughts of Hope: Daily Meditations for Ordinary People Affected by Brain Injury—by David A. Grant



This 365-day meditation book is for anyone affected by brain injury! It offers daily guided thoughts of hope that can provide comfort and support as you navigate life after brain injury. Whether you're a brain injury survivor, caregiver, or family member, these daily readings are written with you in mind, and can help you feel uplifted and encouraged every step of the way.

David A. Grant is a freelance writer, keynote speaker and traumatic brain injury survivor based out of southern New Hampshire. He is the author of *Metamorphosis, Surviving Brain Injury*, a book that chronicles the first year-and-a-half of his new life as a brain injury survivor. His newest title, *The Chronicles of the Hidden Realm, Book One -The Chosen*, was released in 2018.

David is also a contributing author to *Chicken Soup for the Soul, Recovering from Traumatic Brain Injuries*. As a survivor of a cycling accident in 2010, he shares his experience and hope through advocacy work including public speaking as well as his weekly brain injury blog.

He is a regular contributing writer to Brainline.org, a PBS sponsored website. David is the founder of TBI Hope and Inspiration, a Facebook community with over 30,000 members including survivors, family members, caregivers as well as members of the medical and professional community as well as the publisher of HOPE Magazine.



Seemingly, things in Senator Bob Giuda's life were going according to plan, or so he thought. He was serving in New Hampshire as a State Senator, living and going about life as normal- until tragedy hit home. This powerful read is the insightful path to Bob's very personal, heartfelt journey in dealing with the love of his life being in a permanent vegetative state.

On Eagle's Wings is a must read that caught fire on the Internet through Facebook, reaching readers worldwide. People from all over the world sent letters and messages to Bob after reading his posts. This encouragement is what led to the writings in these pages. Suffering was never meant to be done alone; this book will help you and encourage you on your own personal journey.

SOMEWHERE BETWEEN FULLY RECOVERED AND EXTREMELY CHALLENGED: THE MIDDLE PEOPLE

by David A. Grant and Jennifer Williams



Middle People are individuals who occupy a unique and often overlooked niche in the realm of personal experience. They exist in a space that is rarely acknowledged by the broader world, living in a delicate equilibrium between significant recovery and ongoing challenges that follow a brain injury. These individuals come from all walks of life, encompassing a wide range of ages, cultures, and backgrounds, each carrying their own distinct narrative

of resilience, adaptation, and perseverance.

Their daily lives are a testament to the complexity of human endurance and adaptability. Middle People navigate their days with a remarkable blend of independence and a continuous need for varying degrees of support. This duality is not always visible to the outside world, making their strength and resilience all the more profound. They embody the very essence of courage, often dealing with subtle yet persistent challenges that require constant negotiation and adjustment.

The experiences of Middle People do not align neatly with conventional recovery narratives. They live in a

world that is not black and white but filled with a spectrum of challenges and triumphs. Their stories are as diverse as their faces, reflecting a wide array of emotions, struggles, and successes. This diversity underscores the importance of recognizing and understanding the unique position they hold within our society.

The authors of this article, have been working together to try to support others who live in this range. We are all people who have some challenges after brain injury but are not challenged enough to require state or formal supportive services, and we have all gone on about our lives, making a living, maintaining loving relationships and having good, meaningful lives. But in spite of the good stuff, we all face our own challenges after the brain injury...physical challenges, memory issues, initiation challenges, executive functioning problems, etc....

Finding resources and ways to address these challenges is the goal of the Middle People Project.

If you or a loved one fits into the range of someone who has sustained a brain injury and who is recovered in some ways but is still challenged by the fallout or the sequelae (a condition which is the consequence of a previous disease or injury) of a brain injury, please see:

www.middlepeopleproject.org.



Severe Brain Injury Family Education Guide

The Disorders of Consciousness Hub

Disorders of Consciousness (DoC) like coma, vegetative state, and minimal conscious state, can be difficult to understand. Many families may ask: *Why isn't my loved one waking up?*

The Disorders of Consciousness Hub will help to answer those question as well as many others related to the injury, diagnosis, prognosis, resources available, and care of your loved one after severe brain injury.

This guide is for families who have a loved one who has experienced a severe brain injury that has resulted in a low level of arousal, responsiveness, and awareness of self and others.

18TH ANNUAL NEW HAMPSHIRE CAREGIVER'S CONFERENCE WRAP UP



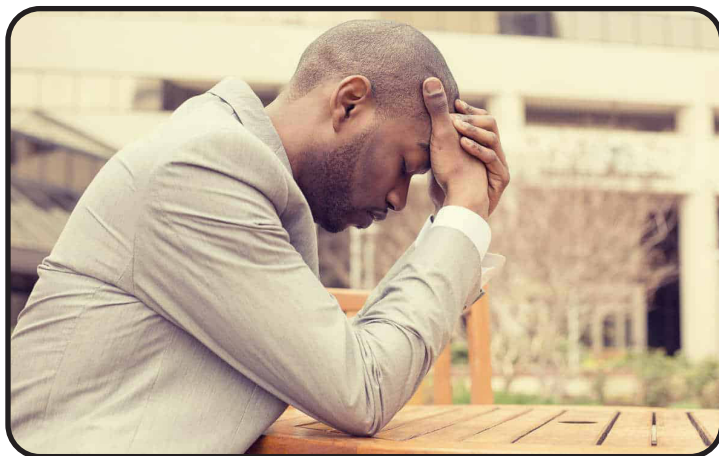
The 18th Annual New Hampshire Caregiver's Conference was held on Wednesday, November 13, 2024, at the Grappone Conference Center in Concord. The morning started with a hot breakfast buffet, followed by Keynote Speaker, Susan McKeown, APRN (ret), CPS, MFA, who presented the "Balance Wheel and Determining What Areas of Life Might Need Some Attention for Caregivers."

Caregivers attended morning and afternoon workshops that related to their lived caregiving experiences and visited a wide array of exhibitors. A Thanksgiving luncheon was served, and delicious apple crisp dessert in the afternoon break. Complimentary reiki, massage, and reflexology therapies were offered to Caregivers throughout the day. Coalition of Caring Planning Committee Member Rebecca Rule, a storyteller and writer, ended the day with the Conference Wrap-Up and raffle prizes.

Based on the feedback and evaluations received, the Coalition of Caring Planning Committee hosted a conference that provided an opportunity for Caregivers to revitalize themselves. In addition, Caregivers received new information, were provided great resources, and had the opportunity to network with other Caregivers.

Thank you to the lead sponsors: Brain Injury Association of New Hampshire, Bureau of Developmental Services, New Hampshire Family Caregiver Support Program, and all the other sponsors. This conference could not be made available without their generous support.





DEPRESSION ISSUES AFTER BRAIN INJURY

Depression is a feeling of sadness, loss, despair, or hopelessness that does not get better over time and is overwhelming enough to interfere with daily life. There is cause for concern when feeling depressed or losing interest in usual activities occurs at least several days per week and lasts for more than two weeks.

SYMPTOMS OF DEPRESSION INCLUDE

- Feeling down, sad, blue, or hopeless
- Feeling worthless, guilty, or that you are a failure
- Changes in sleep or appetite
- Difficulty concentrating
- Withdrawing from others
- Tiredness or lack of energy
- Moving or speaking more slowly, feeling restless, or fidgety
- Thoughts of death or suicide

Feeling sad is a normal response to the losses and changes a person must face after a brain injury. However, prolonged feelings of sadness or not enjoying life in general are often key signs of depression, especially if corresponding with symptoms listed above.

HOW COMMON IS DEPRESSION AFTER BRAIN INJURY?

Depression is a common problem. About one-half of the people living with a brain injury are affected by depression within the first year after injury. Even more (nearly two-thirds) are affected within seven years after injury. In the general population, the rate of depression is much lower,

affecting less than one person in ten over a one-year period. More than one-half of the people living with a brain injury who are depressed also have significant anxiety.

CAUSES OF DEPRESSION

Many different factors contribute to depression after a brain injury, and these vary a great deal from person to person.

■ Physical changes in the brain due to injury.

Depression may result from injury to the areas of the brain that control emotions. Changes in the levels of certain natural chemicals in the brain, called neurotransmitters, can cause depression.

■ Emotional response to injury.

Depression can also arise as a person struggles to adjust to temporary or lasting disability, losses, or role changes within the family and society.

■ Factors unrelated to injury.

Some people have a higher risk for depression due to inherited genes, personal, or family history, and other influences that were present before the brain injury.

HOW TO TREAT DEPRESSION AFTER A BRAIN INJURY

When symptoms of depression are evident, it is important to seek professional help as soon as possible, preferably with a health care provider who is familiar with brain injuries. Depression is not a sign of weakness. Depression can be a medical problem, just like high blood pressure or diabetes. It is best to get treatment early to prevent needless suffering and worsening symptoms. If you have thoughts of suicide, get help right away.

If you have strong thoughts of suicide and a suicide plan, call a local crisis line, the 24-hour National Crisis Hotline at 800-273-8255, or go to an emergency room immediately.

The good news is that certain anti-depressant medications and psychotherapy (counseling) treatments, or a combination of the two, can help most people who have depression.

MEDICATIONS

Antidepressant medications work by helping to re-balance the natural chemicals (called neurotransmitters) in the brain. Antidepressants are not addictive.

It is also important to know that even if antidepressants help with depression, they usually do not have to be taken forever. Sometimes a medication can help re-balance the brain's chemistry and can eventually be discontinued (for example, after 6-12 months). However, each person's situation is unique, and both taking and discontinuing antidepressants should always be done under a doctor's supervision.

In addition to helping with mood, antidepressants can also help with the other symptoms of depression, such as low energy, poor concentration, poor sleep, and low appetite. Some antidepressants can also help with anxiety symptoms.

There are many different types of "classes" of antidepressant medications. Studies of depression in a brain injury have found that some classes may work better than others. Always consult a doctor before taking medications.

PSYCHOTHERAPEUTIC (COUNSELING) APPROACHES

There are many different kinds of psychotherapy and counseling. For people with depression, the most effective types of therapy are those that focus on day-to-day behavior and thinking.

- **Cognitive-behavioral therapy or CBT** may help people learn how to change the way they behave, think, and feel about things that happen to them. CBT has reduced depression in the general population and is currently being tested to determine the best ways to adapt it for people who have the types of thinking and memory problems that can happen with brain injury.
- **Behavioral activation therapy** may help people with depression become more active and begin to enjoy doing pleasurable activities again. This increased activity helps to improve mood. A professional counselor can help set up a routine of pleasurable activity and evaluate the effects.

Remember, many people do best with a combination of approaches, such as antidepressant medication plus sessions with a trained counselor, to work on changing behavior. Discuss these options with a doctor.

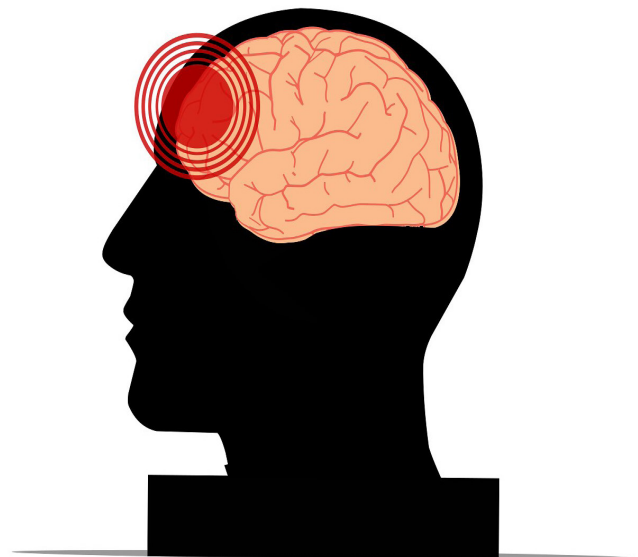
OTHER TREATMENT APPROACHES

Other approaches such as exercise, acupuncture, and bio-feedback have been shown to be helpful in treating depression in the general population. Some people living

with a brain injury also find them helpful. A professional specializing in brain injury should be consulted about these treatments. Treating anxiety and pain may also help to reduce depression. Brain injury support groups may be a good source of additional information and support for depression and other challenges following a brain injury.

HOW TO FIND HELP

- Many mental health professionals are qualified to treat depression. Psychiatrists have specialized training in medication management and counseling for depression, and psychologists are training to provide counseling for depression. Some social workers and licensed professional counselors are also training to provide counseling for depression.
- Physicians – such as primary care physicians, neurologist, and psychiatrists – and nurse practitioners with experience in treating depression can often get treatment started.
- When available, it is best to get treatment from a comprehensive brain injury rehabilitation program that can address all aspects of brain injury recovery.



SPOTLIGHT ON KREMPELS BRAIN INJURY CENTER

Sponsored by Northeast Rehabilitation Hospital Network, Kremfels members meet weekly to record the “Let’s Talk Brain Injury” Podcast; by survivors for survivors.

Thanks to the generosity of Northeast Rehabilitation Hospital Network, members of the Kremfels Brain Injury Center have spent the summer meeting once weekly in the “Let’s Talk Radio” Podcasting group, planning, recording, and re-recording to produce a Podcast created by survivors to accurately shed light on life after brain injury.



Kremfels Founder David Kremfels and Staff Nick Ho record a session for the first public episode of “Let’s Talk Radio.”

“This group is about talking and listening,” says Nick Ho, CTRS, who is a Program Coordinator at Kremfels. Since the first Let’s “Talk Radio” Podcast pilot group in the Spring of 2024, Nick has been keeping a dual role both leading the group and being the host of the Podcast. He goes on to say, *“Through research, we’ve found that narrative storytelling and the peer-to-peer interview format can be beneficial to supporting personal recovery following an acquired brain injury.”*

Thanks to NRHN, the first complete episode of the Podcast has been recorded, edited, and released for all to hear. Kremfels Brain Injury Center members are all survivors of an acquired brain injury, and they took great pride and care in the formatting of the Podcast, making sure the pace and volume of the conversation was accessible to anyone listening. In the first episode, Nick and members interview the center’s founder, David Kremfels, who tells about his brain injury journey and how it inevitably led to opening a center for survivors in the year 2000. As Kremfels looks forward to celebrating 25 years as a place for survivors to find their best life after injury, the members are looking forward to creating more episodes thanks to NRHN’s ongoing support of the group.



“When we learned that the Kremfels Brain Injury Center had started a podcast group with its members, we immediately knew that we wanted to help bring these important productions out of the classroom and into the community. In the Let’s “Talk Radio” Podcast, survivors of acquired brain injury offer real insight into their recovery and resilience as they

share stories and conversation.” - Tricia Desrocher, PT, MS, CSRS, Vice President of Strategic Planning at Northeast Rehabilitation Hospital Network.

The power of community is one of the greatest healers. Kremfels’ community of survivors crafted every part of this podcast and decided on its name. They offer hope and perspective to survivors and their loved ones at every stage of their journey, and they help everyone understand how an acquired brain injury affects people’s lives. For many of these survivors, their journey after injury began at an NRHN acute inpatient rehabilitation hospital. “Our rehabilitation specialists and patients form their own bonds and community. They constantly inspire, encourage and motivate each other. That’s why sponsoring this program was such a natural connection. We’re so glad our patients can find such meaningful connections and opportunities with the Kremfels community,” added Tricia.

To listen to the “Let’s Talk Radio” Podcast and find out what life after brain injury is like in survivors own words, visit www.kbicenter.org/letstalkradio to listen there, or on Spotify, with more episodes coming soon.



K.B.I.C.
David Kremfels Brain Injury Center

DISABILITY RIGHTS CENTER

64 North Main Street, Suite 2, Concord, NH 03301-4913
 advocacy@drenh.org - drenh.org - (603) 228-0432 - (800)
 834-1721 voice or TTY - FAX: (603-225-2077



Supported Decision-Making - You Asked and We Answered!

Over the last few years, we have been asked many questions about supported decision-making. We used these questions to develop a new Frequently Asked Questions section on our supported decision-making resources web page.

Our new list of FAQs include questions like:

- Why choose supported decision-making?
- How does a judge figure out if I can make my own decisions (whether or not I have capacity)?
- How is supported decision-making different from guardianship?
- Is my supported decision-making agreement legal in other states?

You can find answers to these and other questions at
<https://drenh.org/webinar/supported-decision-making/>



Missives From the Margins

A new cross-disability blog featured on drenh.org

By Rebecca Nann, NH scholar, artist, essayist, and provocateur for social justice

An excerpt from Missive No.1: The Unseen

You wouldn't know it just by looking at me. If we were to exchange passing glances on the sidewalk or bump carts under the fluorescent grocery store light, you would probably make the same assumption about me as most everybody else. And who can blame you? Who can blame any of us for making the same mistake when this is what we have been taught to do? Ableism is so deeply socially ingrained that even people with disabilities are not immune to it.

We assume disability looks, sounds, moves, and maybe even thinks a certain way. Normal isn't just a setting on a washing machine; it distinguishes the charity givers from the charity cases; the problem children from the students who won't be left behind; the filthy malingerers from the deserving poor—differentiating society's producers from its burdens, it separates you from me. **Normal is the difference among the seen and the unseen, and disability is what takes place in between.**

But yes, I am disabled. And no, you wouldn't know it just by looking at me.



JOIN US FOR PORTSMOUTH REGIONAL HOSPITAL'S **STROKE CAREGIVER SUPPORT GROUP**

DATE: LAST WEDNESDAY OF EVERY MONTH

TIME: 5:30-6:30PM

LOCATION

155 BORTHWICK AVE 3RD FLOOR

ROOM 351 (CONFERENCE ROOM)

PORTSMOUTH, NH 03801

FIND SUPPORT, HOPE, AND ENCOURAGEMENT AS YOU CONNECT WITH
OTHER STROKE CAREGIVERS WHO ARE NAVIAGTING SIMILAR SITUATIONS

FOR MORE INFORMATION CONTACT:

PRHPSTROKESUPPORT.NH@HCAHEALTHCARE.COM



HEADSTRONG: A VIRTUAL SUPPORT GROUP FOR BRAIN INJURY SURVIVORS, FAMILY AND FRIENDS

Introducing a new online support group, through the Brain Injury Association of New Hampshire, for survivors and their caregivers.

- The second Thursday of each month from 12:00 - 1:00 PM.
- Participation is online using your computer, tablet, smartphone or telephone.
- Registration is required.

Please register online at <https://p2p.onecause.com/> or email Ellen Edgerly at ellen@bianh.org to request a registration form.

--Questions: Email headstrongbianh@gmail.com for more information.

"A problem shared is a problem halved." Come share your challenges and your triumphs in a setting with others who truly understand!



Register

INDEPENDENT SERVICE COORDINATION/ CASE MANAGEMENT

The Brain Injury Association of New Hampshire offers these **Conflict Free/Conflict of Interest Free** services for all populations:

- Private Pay Case Management
- Choices for Independence (CFI) Community Care Waiver
- Acquired Brain Disorder (ABD) Community Care Waiver
- Developmental/Intellectual Disabilities (DD/ID) Community Care Waiver



You are not alone!

BIANH is a non-profit, advocacy organization founded by New Hampshire Families in order to strengthen individual and state-wide systems.

For additional information about Independent Case Management, contact Erin Hall at 603-225-8400 or email at erin@bianh.org.



52 Pleasant Street – Concord, NH – 03301
Phone: 603-225-8400 Helpline: 1-800-773-8400

The Bishop's Charitable Assistance Fund

If you are under 22 or over 60 years of age and in need of financial assistance the Brain Injury Association of New Hampshire may be able to help. Through a \$5,000 grant received from the Bishop's Charitable Assistance Fund (BCAF) eligible and approved applicants may receive up to \$500.00. Some of the items/services that we will consider funding are: rent, food, oil, home modifications, assistive technology, specialized equipment, medical/dental, and transportation. All approved requests are awarded one time only. Once BCAF funds have been dispersed, applications or requests for funds will no longer be accepted. Please contact the BIANH office for an application -- 603-225-8400.



**First Wednesday
of every month**

**10:30am-11:30am
Nutrition Group Room**

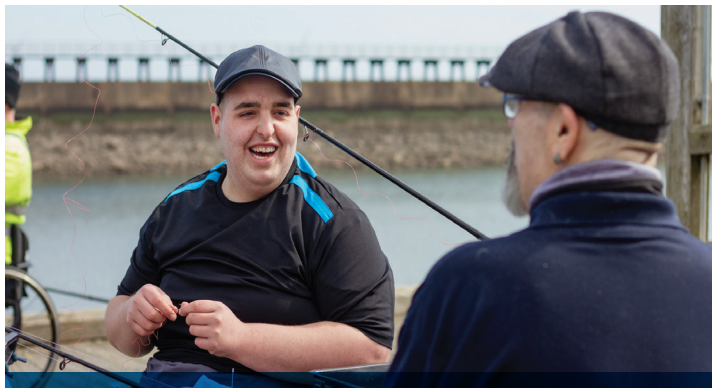


For survivors, families, and friends.

Call Ashley Dupell, MOT, OTR/L
Director of Therapy Operations
@ 603.226.9840 for more information.



Encompass Health Rehabilitation
Hospital of Concord is a Joint
Commission certified in Stroke
Rehabilitation.



Providing Community-Inclusive Cognitive Rehabilitation

Robin Hill Farm provides licensed residential treatment and rehabilitation specifically for adults with a brain injury. Based upon the belief that no two injuries are alike, we have developed a community-inclusive continuum of care for the past 39 years. This concept allows us to offer the potential resident a program that reflects their individual needs, goals and capabilities.

All Programs Feature:

- 24 Hour Support or Supervision
- Socially Based Cognitive Rehabilitation
- Individual Rehabilitation Plans
- Complete Room and Board
- Transportation
- Low Stimulus Environment

603.464.3841

RobinHillFarm.com

Choose Northeast Rehabilitation

You make the decision.
Together, we'll make the difference.

Inpatient
4 Inpatient Hospitals

Outpatient
20+ Outpatient Centers

Serving the Greater Merrimack Valley, Southern NH, and Seacoast NH.

We are accredited by The Joint Commission and our four rehabilitation hospitals have earned Disease-Specific Care Certification in Brain Injury and Stroke rehabilitation.

For information, call (603) 893-2900

Visit us on the web at <http://NortheastRehab.com>

Follow us on Facebook @NortheastRehabilitationHospital

Northeast Rehabilitation Hospital Network



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Pittsburg, NH 03592

www.warriors45north.com

We are a non-profit organization—all donations are tax-deductible

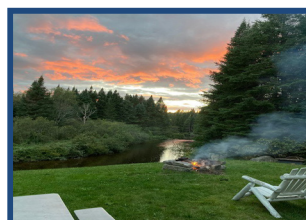
MISSION STATEMENT

*Getting Veterans together in a relaxing environment utilizing outdoor activities to assist in the healing and bonding process.
Being with others who understand, relate, and have your back.*

We invite all Warriors to join us at the Northern Goat Locker for fishing, shooting, hunting, and most importantly

RELAXATION!

The Northern Goat Locker is located in the heart of the Great North Woods of New Hampshire. We are near the Connecticut lakes and have access to multiple trout streams, ponds, and rivers including an area called "Trophy Stretch."



We have many activities available including:

Hunting • Boating • Fishing • ATVing
Snowmobiling • Shooting
and so much more

Contact:

MMC(SS) Jon Worrall, USA RET

(603) 566-8450

Email: mmcssworrall@gmail.com

HM3 Patrick Phillips, USN RET

(603) 331-2993

Email: warriorsat45n@gmail.com

Where the **WARRIOR** comes to rest

SUPPORT GROUPS IN NEW HAMPSHIRE

Revised January 2025 —Times and places may change without notice—please call in advance

VIRTUAL SUPPORT GROUPS

The Brain Injury Association of New Hampshire will be hosting two monthly online support groups that will be held through the ZOOM Virtual Platform and six in-person support groups. All are welcome to attend.

Virtual Youth Survivors Network - For brain injury survivors age 16-25, From Maine, New Hampshire & Vermont

Meets the Second Wednesday of the month, 4:00 – 5:00 PM

Register at: https://us02web.zoom.us/join/zoom/register/tZ0lcOmvgT8vH9NeQ8v9Yokb_woX0tWWuvJC

Registration contact: Dylan Campbell: dcampbell@mpf.org

Virtual Statewide BIANH HeadStrong: A Virtual Support Group for Brain Injury Survivors, Family Members & Friends

Meets the second Thursday of the month, 12:00 – 1:00 PM

Register at: <https://p2p.onecause.com/headbi>

Virtual Statewide BIANH Brain Injury Caregivers Support Group, Caregivers Only

Meets the 4th Tuesday of the month, 6:30 – 7:30 PM

Register at: <https://p2p.onecause.com/caresupport>

Please check the website at www.bianh.org for online registration.

IN PERSON SUPPORT GROUPS

Conway Brain Injury Support Group –Meets the 1st Monday of the month, 6:00—7:30 PM

Journey Church, 15 Hutchins Drive, Conway, NH

Peterborough Brain Injury Support Group –Meets the 1st Tuesday of the month, 6:00—7:30 PM

Monadnock Community Hospital, Conference Rooms 1 & 2—452 Old Street Road, Peterborough, NH

Seacoast Brain Injury Support Group - Meets the 1st Tuesday of the month, 6:00—7:00 PM

KBIC, David Krempels Brain Injury Center, 100 Campus Drive, Suite 24, Portsmouth, NH

Greater Atkinson/Derry Brain Injury Support Group - Meets the 2nd Tuesday of the month, 6:00—7:30 PM

Community Crossroads, 8 Commerce Drive, Unit 801, Atkinson, NH

Concord Brain Injury Support Group – Meets the 3rd Tuesday of the month, 6:30—7:45 PM

Granite State Independent Living, 21 Chenell Drive, Concord, NH

Keene Brain Injury Support Group – Meets the 3rd Tuesday of the month, 6:00—7:30 PM

Southwest Community Services, 63 Community Way, Keene, NH

If you have any questions, please email Ellen Ederly at Ellen@bianh.org or call at 603-834-9570.

Visit www.bianh.org for any calendar changes.

APHASIA:

Nashua: IN PERSON—St. Joseph Hospital Outpatient Rehab Clinic, 75 Northeastern Blvd, Nashua, 2nd Tuesday of the month, 4:00 PM —5:00 PM

Contact: Lesley Renzi

Phone: (603) 595-3076, ext. 63608

BRAIN INJURY & STROKE

Concord: VIRTUAL Community Stroke Support Group, 3rd Tuesday of the month, 4:30 PM, Encompass Health (formerly Healthsouth)

Phone: (603) 226-9812—ON HOLD

Dover: VIRTUAL Wentworth Douglass Hospital Stroke Support Group. 3rd Thursday of every month; 2:00-3:00. Call or email Lindsey to receive the Zoom link.

Contact: Lindsey Wyma

Phone: (603) 609-6161 x2731

Email: Lwyma@mgb.org

Durham: IN PERSON UNH Occupational Therapy Department

UNH OT Stroke Survivor Group

Meets Tuesdays; 12:30—3:15 PM

Contact: Dr. John Wilcox, OTD

Phone: (207) 314-3180 or email john.wilcox@unh.edu

BRAIN INJURY CAREGIVER SUPPORT

Manchester: IN PERSON —2nd Wednesday of every month - 6:00—7:00 PM

Manchester Pathways Clubhouse, 60 Rogers Street, Suite 204, Manchester

Contact: www.braininjuryhope.org

Kennebunk, ME: Currently Suspended - 1st Tuesday of the month, 3:00 PM, Upstairs small conference room, RiverRidge Neurorehabilitation Center, 3 Brazier Lane, Kennebunk, ME—Phone: (207) 985-3030 ext: 326

Lebanon: VIRTUAL Stroke Support Group, 1st Friday of even-numbered months (Feb, Apr, Jun, Aug, Oct, Dec), 10:00 —11:30 AM, DHMC Aging Resource Center, Lebanon, NH **Contact:** Jennifer Larro, Aging Resource Center Phone: (603) 653-3460

NASHUA: IN PERSON St. Joseph Hospital Stroke Support Group

Meets the first Wednesday of the month, 6:00 – 7:00 PM

St. Joseph Hospital Inpatient Rehabilitation Unity Community Road

Email: gmorris@covh.org

Portsmouth: IN PERSON Northeast Rehabilitation Hospital at Pease Stroke Support Group, Meets the Third Wednesday of the month, 4:00- 5:00 PM, Northeast Rehabilitation Hospital, 1st Floor, Pease, Portsmouth

Contact: Strokesupportgroup@northeastrehab.com

Salem: Virtual Northeast Rehab Mild Brain Injury Support Group; Meets the 2nd Wednesday of the month, 4:00 PM – 5:00 PM

Email: bcapobianc@northeastrehab.com to RSVP

BRAIN TUMOR:

Derry: Appointment Only Due to COVID-19.

Contact: Urszula Mansur

Phone: (603) 818-9376

2024-2025 MEMBERS AND DONORS

Thank you to all of our members and donors. This list reflects donations received from October 1, 2024 to present.

DONORS AND MEMBERS

Anonymous
Eastern Inter-Club Ski League, Inc.
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Patricia Putnam
Ed & Valerie Zablocki

IN HONOR OF 18th CAREGIVER'S CONFERENCE

Joyce Auger
Mary Ellen Dollar
Veronica Jacobs
Becky Jewell
Your Inner Spark

IN SUPPORT OF PUBLIC HEARING**UNMET NEEDS**

Jan Soderquist

IN SUPPORT OF VIRTUAL CAREGIVERS**SUPPORT GROUP**

Chuck Manning

IN HONOR OF GEORGE & CATHY BRYANT

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IN MEMORY OF CHRISTOPHER BUCKNAM

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John Schenk
William & Rhonda Schofield



ANNUAL FUND

Gift Amount: ☐ \$1,000 ☐ \$500 ☐ \$100 ☐ \$50 ☐ \$25 Other \$ _____

Gift Frequency: ☐ Monthly ☐ Quarterly ☐ Annual ☐ One-time Gift

What your donation can do -

\$25 purchase a bike helmet

\$50 help with grocery bills

\$75 help with a utility bill

\$100-200 help purchase mobility, adaptive equipment, or assist with medical procedures not covered by insurance

\$500 assist with dental bills, necessary home modifications, or assistive technology needs

MY GIFT IS A TRIBUTE -

IN MEMORY OF _____

IN HONOR OF _____

☐

Donate Online - You can easily donate online; go to www.bianh.org and use the DONATE tab.

☐

Bill Me - we will invoice you based on your gift frequency designated above.

☐

Check Enclosed

Name _____

Address, City, Zip _____

Email Address _____ Phone _____