



CONTACT Brain Donation Pledge Form

I, (name) \_\_\_\_\_, am interested in learning more about donating my brain upon death to the brain bank of the Center for the Study of Traumatic Encephalopathy (CSTE) at Boston University School of Medicine through the CONTACT research study.

I understand that the mission of the CSTE is to conduct state-of-the-art research of Chronic Traumatic Encephalopathy, including its neuropathology and pathogenesis, the clinical presentation and course, the genetics and other risk factors for CTE, and ways of preventing this cause of dementia.

Signature: \_\_\_\_\_

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

City: \_\_\_\_\_

State: \_\_\_\_\_

ZIP: \_\_\_\_\_

Phone number (day): \_\_\_\_\_

Phone number (evening): \_\_\_\_\_

Professional sports: \_\_\_\_\_

If you have any questions, please contact:

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