



**BECOME A DONOR**

**CREATE A PSYCHOANALYTIC LEGACY FOR SCHOLARSHIP, RESEARCH, EDUCATION, AND COMMUNITY SERVICE**

**DISTRIBUTE YOUR TAX-DEDUCTIBLE PLEDGE OVER FIVE YEARS:**

I would like to make a total pledge of \$ \_\_\_\_\_ to the American Psychological Foundation (APF), Division 39 Fund  
Note: The minimum amount to pledge is \$1,000.  
My contribution will extend for \_\_\_\_\_ years. Note: The maximum payoff period allowed is five years.  
I would like to make payments as follows: \_\_\_\_\_ Annually \_\_\_\_\_ Semi-annually \_\_\_\_\_ Quarterly \_\_\_\_\_ Monthly  
My first payment of \$ \_\_\_\_\_ is enclosed. A signature below is required for pledges.  I am enclosing my tax-deductible gift of:  \$1000  \$500  \$250  \$100  Other \_\_\_\_\_

ONE TIME TAX -DEDUCTIBLE GIFT OF:  \$1000  \$500  \$250  \$100  Other \_\_\_\_\_

I would like my gift or pledge to be in honor/memory of: \_\_\_\_\_

**DONOR INFORMATION**

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

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

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

**PAYMENT INFORMATION**

Cash/Check  Visa  Master Card  AMEX

Account Number \_\_\_\_\_

Expiration Date \_\_\_\_/\_\_\_\_/\_\_\_\_

I would like APF to automatically debit my credit card \$ \_\_\_\_\_

\_\_\_\_\_ Monthly \_\_\_\_\_ Quarterly \_\_\_\_\_ Semi-annually \_\_\_\_\_ Annually

If you wish to donate **marketable securities**, please contact Shalonta Bowman at (202) 336-5814 or sbowman@apa.org

\*Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Contributions can be sent to APF at the address below:

750 FIRST STREET, NE | WASHINGTON, DC 20002-4241 | 202.336.5843(P) | 202.336.5812(F)