



Donate by Mail Form

Gift Information

YES! I want to help create a more mentally healthy nation. My tax-deductible donation to support the programs of the American Psychoanalytic Association is enclosed:

\$1,000 \$250 \$100 \$ _____ (other, minimum \$10)

Payment Information

My check (made payable to American Psychoanalytic Association is enclosed

Please charge my: Visa MasterCard American Express

Credit Card Number: _____

Expiration Date: (month/year) _____

Name as it appears on the Credit Card: _____

Signature: _____ Date: _____

Donor Information

Donor Name: _____

Address: _____

City: State: Zip: _____

Email address: _____

Please mail this completed form and payment to:
American Psychoanalytic Association
309 East 49th Street
New York, NY 10017