

*** Make a Difference * Share the Experience * Give a Scholarship Gift * Support an Educational Event ***

GROUP PSYCHOTHERAPY FOUNDATION EDUCATION AND SCHOLARSHIP FUND GIFT FORM

I wish to support scholarships to attend the 2010 AGPA San Diego Institute and Conference. Enclosed is my gift of:

\$10,000 \$7,500 \$5,000 \$2,500

- Six-Day Tuition (1-Day Special Institute, 2-Day Institute and 3-Day Conference), Travel & Lodging Stipend *plus AGPA membership for 18 months* \$ 1,277.50
- Six-Day Tuition (1-Day Special Institute, 2-Day Institute and 3-Day Conference) *plus AGPA membership for 18 months* \$ 527.50
- Five-Day Tuition (2-Day Institute and 3-Day Conference) *plus AGPA membership for 18 months* \$ 460.00
- Two-Day Institute *plus AGPA membership for 18 months* \$ 267.50
- Three-Day Conference *plus AGPA membership for 18 months* \$ 327.50
- Airfare \$ 500
- Lodging Stipend \$ 250
- Other \$ _____

**Registration rates assume student/new professional/active military personnel at a 50% discount.*

Please include me and my sponsoree on the scholarship donors/recipients list. I am sponsoring the following student/new professional and have paid their registration directly to AGPA: _____

I wish to sponsor an educational event at the 2010 AGPA San Diego Annual Meeting. Enclosed is my gift of:

- One Program Hour \$ 1,000
- Half-Day Workshop or One Hour Open Session \$ 3,000
- All Day Workshop/Course or Three Hour Open Session \$ 6,000
- Two Day Institute/Course \$10,000

Consider my gift an annual pledge to the Education and Scholarship Fund of: \$ _____

I will make my gift: Monthly Quarterly (state months): _____ Annually (state month): _____

This pledge is made this ____ day of _____, 2009

CONTRIBUTOR AND PAYMENT INFORMATION (PLEASE PRINT)

NAME _____ ADDRESS _____

PHONE _____ FAX _____ E-MAIL _____

List my/our names in the contributors' list as follows: _____

- I would like to be a mentor to a scholarship recipient
- This gift is in honor of : _____
- My check payable to the GPF is enclosed. .
- Please send me information on how I can endow a scholarship.
- This gift is in memory of : _____
- Please charge my gift to: Visa MasterCard AMEX

Account Number _____ Exp. Date _____

Signature _____

Please send completed form to: Group Psychotherapy Foundation, •25 East 21st Street, 6th Floor, New York, NY 10010
Toll Free (877) 668-AGPA (2472) •Fax (212) 979-6627 • Email: dfairman@agpa.org • Website: www.agpa.org
Gifts to the Foundation are tax deductible as provided by law.