The Association for Psychoanalytic Medicine

COLLABORATING SOCIETY OF THE COLUMBIA UNIVERSITY CENTER FOR SCIENTIFIC TRAINING AND RESEARCH

Donation Form

I would like to make a gift to the APM in the amount of: \$2,500\$1,000\$500\$250\$100other \$
Name
Address
PhoneEmail
I have enclosed a check payable to the APM
Please charge my credit card: VisaMaster CardAmerican Express
Account Number
Exp Date Security Code
Billing Address
Name on Card
Signature
I am interested in learning more about including the APM in my estate planning
This gift is made in honor of
For the purposes of donor recognition, please list our/my name(s) as:

__ I wish to remain anonymous

Please print, sign and mail, fax or email to

Judith Mars, APM administrator 1051 Riverside Drive, Unit 63 New York, New York 10032