

**\* 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 2012 AGPA New York 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* \$ 1,500
- Six-Day Tuition (1-Day Special Institute, 2-Day Institute and 3-Day Conference) *plus AGPA membership for 18 months* \$ 750
- Five-Day Tuition (2-Day Institute and 3-Day Conference) *plus AGPA membership for 18 months* \$ 625
- Two-Day Institute *plus AGPA membership for 18 months* \$ 350
- Three-Day Conference *plus AGPA membership for 18 months* \$ 450
- Airfare \$ 500
- Lodging Stipend \$ 250
- Other \$ \_\_\_\_\_

*\*Registration rates assume student/new professional/active military personnel at a 35% 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 2012 AGPA New York 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 \_\_\_\_\_, 2010

**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 21<sup>st</sup> Street, 6<sup>th</sup> Floor, New York, NY 10010**  
**Toll Free (877) 668-AGPA (2472) •Fax (212) 979-6627 • Email: [dfairman@agpa.org](mailto:dfairman@agpa.org) • Website: [www.agpa.org](http://www.agpa.org)**  
*Gifts to the Foundation are tax deductible as provided by law.*