

Donation Form		
I would like to make a gift to NYPSI in the am	ount of: \$2,500 \$1,000	\$500 \$250 \$100 OTHER
NAME		
ADDRESS		
TELEPHONE	EMAIL	
☐ I HAVE ENCLOSED A CHECK PAYABLE TO NYPSI.		
☐ PLEASE CHARGE MY CREDIT CARD: ☐ VISA ☐] MASTERCARD AMERICAN	EXPRESS
ACCOUNT NUMBER	EXPIRATION DATE	SECURITY CODE
BILLING ADDRESS		
NAME ON CARR		
NAME ON CARD		
SIGNATURE		
☐ I AM INTERESTED IN LEARNING ABOUT HOW TO IN	CLUDE NYPSI IN MY ESTATE PLAN	NS. PLEASE CONTACT ME.
Please return form via mail, fax, or email to:	New York Psychoanalytic 247 East 82nd Street, New	

Fax: 212.879.0588

Email: admdir@nypsi.org

attn: Administrative Director