

*Make a Difference, Share the Experience: Give a Scholarship Gift, Support an Educational Event*  
**GPF Education and Scholarship Fund Gift Form**

**✓ Yes, I wish to give a gift to support scholarships to attend the 2009 AGPA Institute and Conference. Enclosed is my gift of:**

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

- |   |            |
|---|------------|
| <input type="checkbox"/> Six-Day Tuition (1-Day Special Institute, 2-Day Institute and 3-Day Conference),<br>Travel & Lodging Stipend <i>plus AGPA membership for 18 months</i> | \$1,277.50 |
| <input type="checkbox"/> Six-Day Tuition (1-Day Special Institute, 2-Day Institute and 3-Day Conference)<br><i>plus AGPA membership for 18 months</i>                           | \$ 527.50  |
| <input type="checkbox"/> Five-Day Tuition (2-Day Institute and 3-Day Conference)<br><i>plus AGPA membership for 18 months</i>   | \$ 460.00  |
| <input type="checkbox"/> Two-Day Institute <i>plus AGPA membership for 18 months</i>  | \$ 267.50  |
| <input type="checkbox"/> Three-Day Conference <i>plus AGPA membership for 18 months</i>   | \$ 327.50  |
| <input type="checkbox"/> Airfare  | \$ 500     |
| <input type="checkbox"/> Lodging Stipend  | \$ 250     |
| <input type="checkbox"/> Other  | \$ _____   |

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: \_\_\_\_\_

*\*Please note that the registration rates above assume a registration for a student/new professional/active military personnel at a 50% discount.*

**✓ I wish to sponsor an educational event at the 2009 Chicago Institute and Conference. Enclosed is my gift of:**

- |  |           |
|--|-----------|
| <input type="checkbox"/> One Program Hour                                      | \$ 1,000  |
| <input type="checkbox"/> Workshop - Half-Day or Open Session – One Hour        | \$ 3,000  |
| <input type="checkbox"/> Workshop/Course All Day or Open Session – Three Hours | \$ 6,000  |
| <input type="checkbox"/> Two Day Institute/Course                              | \$ 10,000 |

NAME (please print): \_\_\_\_\_ ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_ FAX \_\_\_\_\_ E-MAIL \_\_\_\_\_

- I would like the recipient to feel free to contact me as a mentor  
 Please send me information on how I can endow a scholarship.

- My check is enclosed. Please make checks payable to the Group Psychotherapy Foundation.  
 Please charge my gift to:  Visa  MasterCard  AMEX  Discover

Account Number \_\_\_\_\_ Exp. Date \_\_\_\_\_

Signature \_\_\_\_\_

You may fax your contribution to 212-979-6627 or e-mail to [mblock@agpa.org](mailto:mblock@agpa.org). If you have any questions, please contact Marsha Block in the Foundation Office. The toll free number is 877-668-2472. **Your gift is tax deductible.**