

Charitable Gift Form

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Gift Information

I would like to make a gift to the Chicago Institute for Psychoanalysis

\$2,500 \$1,000 \$500 \$250 \$100 Other \$ _____

Check in the amount of \$ _____ is enclosed, payable to Chicago Institute for Psychoanalysis

Please charge \$ _____ to my: MasterCard Visa

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This gift is made in honor/memory (circle one) of:

Please notify: (Name and address to which notification should be sent.)

Donor Recognition:

For purposes of donor recognition, please list my/our name(s) as:

I wish to remain anonymous.

Thank you.

Please return this form to:

Chicago Institute for Psychoanalysis - 122 S. Michigan Avenue, Suite #1300 - Chicago, IL 60603
www.chicagoanalysis.org