

ANNUAL BENEFIT GALA

I would like to purchase:

___ tickets at \$250 per person (Please indicate below what WSP Program/s you would like to receive your donation.)

___ General Admission: tickets at \$100 per person

___ WSP Associate Staff: tickets at \$75 per person

___ WSP Program Students: tickets at \$50 per person

I wish to make an additional contribution of \$ _____

I cannot attend, but would like to contribute \$ _____

Total: \$ _____

Please check the program that you want to support

- ___ Advanced Psychotherapy Training Program
- ___ Central Concepts in Psychodynamic Psychotherapy Training Program
- ___ Child and Adolescent Psychotherapy Training Program
- ___ Clinical Program on Psychotherapy Practice
- ___ Group Psychotherapy Training Program
- ___ Infant/Young Child Mental Health Training Program
- ___ Intensive Short-Term Dynamic Psychotherapy Program
- ___ Infant and Young Child Observation Training Program
- ___ Adele Lebowitz Center for Youth and Families
- ___ Eugene Meyer III Treatment Center
- ___ Attachment Center
- ___ Community Outreach

Any amount over \$50 per ticket, which represents the fair market value of the food and entertainment for the event, is tax-deductible. Make checks payable to Washington School of Psychiatry. Payments by check are preferred, but you may charge to VISA or Master Card or Discover

Name: _____ Phone: _____

Address: _____

(If charging): Master Card VISA Discover

Card No: _____ Exp Date _____

Signature: _____

Please complete this form and mail it to
The Washington School of Psychiatry
5028 Wisconsin Ave., NW, Suite 400
Washington, D.C. 20016-4118

or fax to: 202-237-2730.