

## **Donation Form**

IAPSP EIN / Charitable Tax Number: 36-3167660

Donor	Inform	ation

Donor Informa	LIOII			
NAME (LAST, FIRST,	M.I.)	BUSINESS NAME (if applicable)		
STREET ADDRESS		EMAIL		
CITY, STATE, ZIP		COUNTRY		
PHONE		WEBSITE (if applicab	ole)	
{ } Please mark Y  Donation Desc	if you would like to keep your donation	n confidential.		
AMOUNT / DESCRI	PTION			DATE
NOTES				
Payment Information: (choose one)				
{ } Check enclosed	d (payable to IAPSP) and mailed to: IA	PSP 10685-B Haze	lhurst Dr. #2607	2 Houston, TX 77043
{ } Credit card: Nu	ımber:	Expiry	date:	CVV:
Sig	gnature:			
{ } Funds transfer:	Bank name: JP Morgan Chase Bank			
Account Name: The International Association for Psychoanalytic Self Psychology Account Number: 3799856258 Routing Number: 071000013 Note: This routing number can only be used for direct deposits and ACH transactions. For wire transfers, please use routing number 021000021				
IAPSP Office U	Ise Only:			
DONATION RECEIVE	ED IN ACCORDANCE WITH THE DETAILS ON	THIS FORM ON:	DATE:	
SIGNED:			ı	
KATHY WETMORE,	ADMINISTRATIVE COORDINATOR			