



AMERICAN PSYCHOLOGICAL FOUNDATION

I PLEDGE \$ _____ **to the** *APF Dorothy W. Cantor Leadership Institute for Women in Psychology Fund (the minimum pledge amount is \$1,000).*

Name: _____
(As you would like it to appear on recognition materials)

Address: _____

Phone: _____ **E-mail:** _____

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Pledge to be paid over _____ years.

Frequency: ☐ Annually ☐ Semi-annually ☐ Quarterly ☐ Monthly

Payment Method:

My first payment of \$ _____ is enclosed.

- ☐ Check (*Please make payable to the American Psychological Foundation*)
☐ Credit Card

Visa/Master Card

AMEX

Amount _____

Account Number _____

Expiration Date ____/____/____

☐ Please debit my credit card automatically according to my payment schedule.

My gift is ☐ in memory of ☐ in honor of _____

Please send an acknowledgement to: _____

A gift or pledge of \$15,000 will establish and support an annual named scholarship.

To learn more, visit: <http://www.apa.org/pi/women/programs/leadership/index.aspx>

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