

MAIL-IN DONATION FORM

AMERICAN ACADEMY OF
CHILD & ADOLESCENT
PSYCHIATRY

WWW.AACAP.ORG

YES! I want to make life changing progress
in the fight against childhood mental illnesses.

Gift Information

I Choose to Donate: \$50 \$250 \$500 \$1,000 \$2,500 Other \$ _____

Name _____ Business Name _____

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I Would Like My Donation to Support:

- AACAP Endowment Fund Break the Cycle Campaign for America's Kids (CFAK)
 International Fund Life Members Fund Research Initiative
 Virginia Q. Anthony Fund Where Most Needed
 Workforce Development: Summer Medical Student Fellowships

Donation Method

My check is enclosed (Please make payable to *American Academy of Child & Adolescent Psychiatry*)

A one-time donation. Please charge my:   

Please make this a **Hope Maker** recurring monthly gift

Credit Card number: _____ CSC Code _____ Expiration Date _____

Name on Card: _____ Signature _____

Honor or Memorial Gift Information (OPTIONAL)

This gift is: in honor of in memory of _____

Other Information

- You can be a FRIEND of the **1953 Society** forever. Please consider a gift in your Will.
Visit [www.aacap.org/1953 Society](http://www.aacap.org/1953_Society) or select this box for more information.

Mail To

AACAP
P.O. Box 96106
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AACAP is exempt under section 501(c)(3) of the IRS. Federal Tax ID: 13-1958990. This gift is tax deductible.
Updated September 8, 2017.