

Purchase Benefit Tickets by Mail

Ticket Information

YES! I would like to attend the APA Foundation Benefit event on May 16:

- 1 ticket (\$95) 2 tickets (\$190)
 3 tickets (\$285) Other quantity: _____
 I am also making a donation* of \$_____ to the APA Foundation Annual Fund

I would like my tickets:

- Held for me at the door Mailed to me at the address provided below (only available for tickets purchased before May 1)

Payment Information

- My check (made payable to American Psychiatric Foundation) is enclosed
 Please charge my: ___ Visa ___ MasterCard ___ American Express

Card No. _____

Exp. Date: _____ Security Code: _____

Card Holder: _____

Signature: _____

Guest Information

Guest Name(s): _____

APA ID (if you know it and are an APA member): _____

Address: _____

City: _____ State: _____ Zip: _____

Email address: _____

Please mail this completed form and payment to the APA Foundation at:
1000 Wilson Blvd., Suite 1825
Arlington, VA 22209

The American Psychiatric Association Foundation is the charitable affiliate of the American Psychiatric Association. We thank our sponsors for making this event possible; the Fair Market Value of the event exceeds the ticket price. All proceeds will support our programs and initiatives that advance mental health, overcome mental illness, and eliminate stigma.

**The amount of additional donations made in addition to ticket purchases is tax-deductible.*