

**Yes! I Want to support the Manhattan Institute.**

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| <input type="checkbox"/> Advocate (\$250)                | <input type="checkbox"/> Other                   |
| <input type="checkbox"/> Sustaining monthly contribution | <input type="checkbox"/> Amount                  |

**2013 MIP Credit Card Authorization Form**

Name: \_\_\_\_\_

Billing address: \_\_\_\_\_

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Visa/MC #  
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I hereby authorize the Manhattan Institute for Psychoanalysis to charge a tax deductible contribution in the amount of \$\_\_\_\_\_ to the above credit card.

Authorized Signature \_\_\_\_\_

**Please fill out scan & email to [admin@manhattanpsychoanalysis.com](mailto:admin@manhattanpsychoanalysis.com) or fax to 212.422.1181**