

Yes, I would like to support the USF Department of Psychiatry

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(as you would like it listed for donor acknowledgement)

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- I wish to join the *Friends of Research In Psychiatry* for \$ 200.00/year
- I wish to make a one time gift of \$ _____.
- I wish to make a pledge of \$ _____.
- At this time, I am making a payment of \$ _____ on my pledge.
- I would like to pay by USF payroll deduction. Please deduct \$ _____ biweekly for _____ pay periods (total pledge equals total biweekly deduction amount X number of payments).

Signature _____

- Please send me a pledge reminder: Monthly Quarterly
- Check enclosed (payable to USF Foundation, Inc.)
- I prefer to pay by credit card:
 - Visa
 - MasterCard
 - Discover
 - Amex

Expiration Date: ____/____/____

Card # _____

Signature _____

- My company/My spouse's company will match my gift. (A matching gift form is enclosed.)

Contributions made payable to USF Foundation, Inc. should be sent to:

Maureen Tavrell
Friends of Research in Psychiatry
USF Department of Psychiatry
3515 E. Fletcher Ave.
Tampa, FL 33613

Friends of Research in Psychiatry Funds

Designate my Gift to the following Fund:

- Friends of Research in Psychiatry* Fund (discretionary fund for greatest need)
- Dan Sprehe Memorial Fund for Forensic Psychiatry
- Higgins Alcohol and Addictions Research Program
 - Leck Challenge (discretionary fund for greatest need)
 - Community and Educational Outreach
 - Clinical Services
 - Research
- Institute for Research in Psychiatry and Neurosciences
 - Ann Murphey Lowery Laboratory
 - Clinical Trials Program
 - Functional Psychiatry Neuroimaging
 - Neuroimmunology Laboratory
 - Neuropharmacology Laboratory
 - Roskamp Biological Psychiatry Laboratory
- Mary Louise and Archie Silver Child Development Center
 - Autism Center
 - Child and Adolescent Psychiatry Program
 - Developmental Medicine
 - Rashid Laboratories for Neurodevelopmental Biology
 - Social Skills Program
- Memory Disorders Center
- Neuropsychology Division
- Neurotherapies Program (Transcranial Magnetic Stimulation)
- Additional/Other designations (Name: _____)