

We appreciate your participation in the life of the Adler Graduate School (AGS). Your gift will support the ongoing development and continuous improvement of our educational programs and community initiatives, allowing AGS to fulfill its vision.

OUR MISSION

Preparing mental health and human service professionals with a strong Adlerian foundation to foster encouragement, collaboration, and a sense of belonging to the individuals, families, and the culturally diverse communities they serve.

OUR VISION

The Adler Graduate School will be a leader in empowering and developing mental health and human service professionals to transform society through social interest in action.

WHERE YOUR SUPPORT WILL GO

Adlerian Tuition Scholarship Fund

This area supports students in need, assisting future mental health professionals to obtain their Master's Certificate Degrees.

President's Discretionary Fund

A fund to support the ongoing needs of Adler Graduate School as determined by the President.

Open Donation Fund

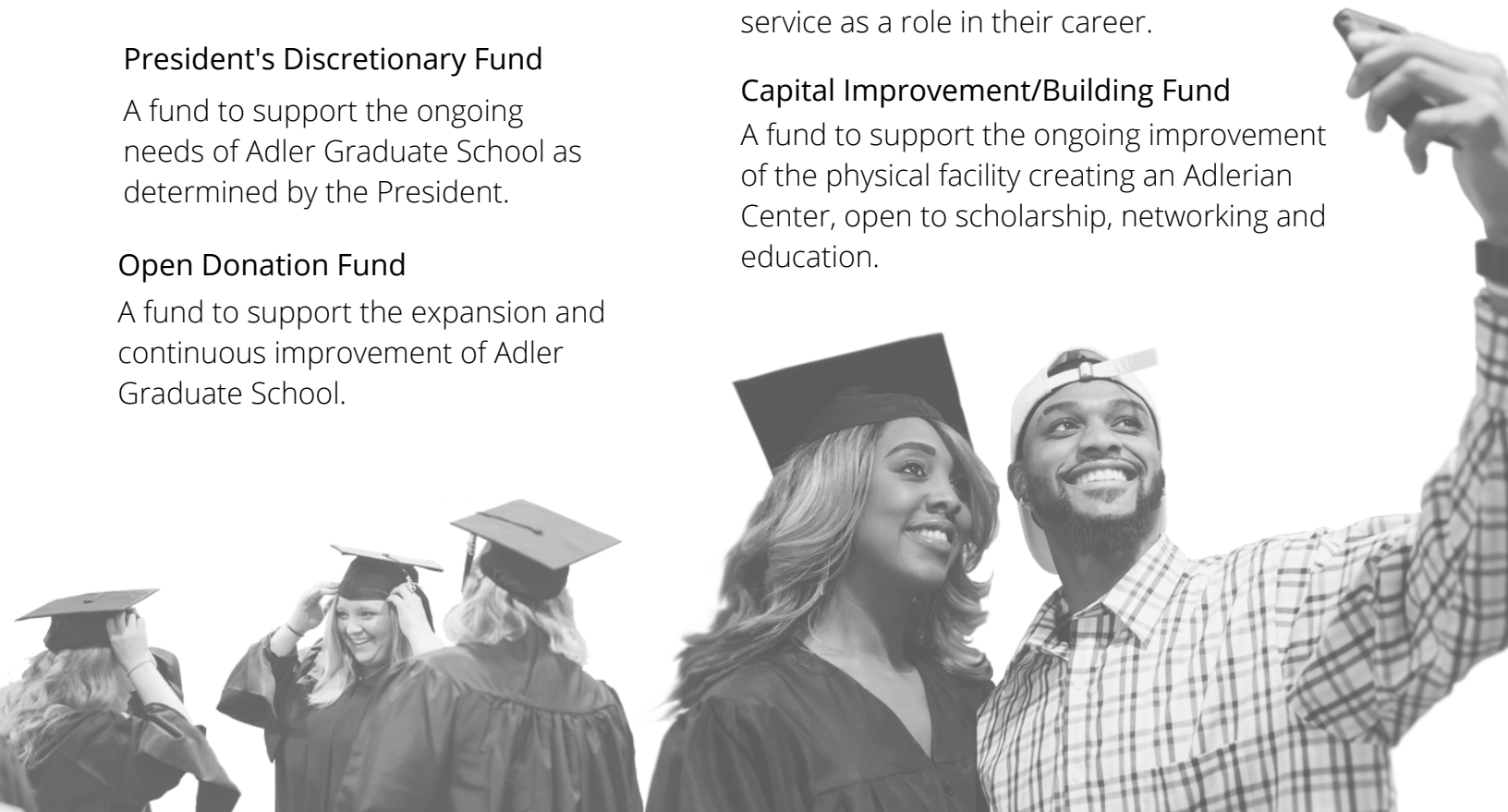
A fund to support the expansion and continuous improvement of Adler Graduate School.

Social Interest in Action Scholarship Fund

This fund supports AGS students with financial need to obtain their Master's or Certificate Degrees that plan on long-term community service as a role in their career.

Capital Improvement/Building Fund

A fund to support the ongoing improvement of the physical facility creating an Adlerian Center, open to scholarship, networking and education.



I dedicate my donation to one or more of the following programs and initiatives:

- Adlerian Tuition Scholarship Fund
- Social Interest in Action Scholarship Fund
- Social Interest in Action Scholarship Fund
- Capital Improvement/Building Fund
- Presidents Discretionary Fund
- Open Donation Fund

Contributor(s): _____

Address: _____

Preferred Phone Number: (____) _____ Email: _____

_____ I/We wish to pledge \$_____ over _____ year(s)

to the Adler Graduate School. I/We will fulfill this pledge according to the following plan (please select): _____ Full pledge amount enclosed as cash or check _____

Other payment preference/method (please explain)

_____ If using credit card: Card Type: _____ DISCOVER

_____ Master Card _____ VISA _____ American Express Card number: _____

_____ Expiration date: _____ 3-digit security code: _____ Name on

card: _____ Billing address and zip code: _____

Signature: _____ Date: ____/____/____

Your donation is tax deductible, as we are a 501(c)3 nonprofit organization. Please mail this form to our address below, or email this form to AGS President Jeffery Allen at Jeffrey.allen@alfredadler.edu

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