



invites you to join

**Friends
of the
Cleveland
Psychoanalytic
Center**

Cleveland Psychoanalytic Center
2460 Fairmount Blvd. #312
Cleveland Heights OH 44106
(216) 229-5959
www.psychoanalysiscleveland.org

Friends Committee

Active Members:

Donald Baker
Jane Kessler, Ph.D.
Evelyn Krent
Chris Lightbody
Toni Miller
Edith C. Smith
Sara S. Tucker, M.D., *Chair*

Please return this form with your check or credit card number to:

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The Cleveland Psychoanalytic Center has served the community in Northeast Ohio for nearly five decades.

This group of more than 80 local mental health professionals provides **post-graduate education** to therapists, offers a **psychoanalytic library** of over 6,000 volumes, hosts a variety of **lectures and seminars** each year and staffs a **referral and consultation line** (the Katan Consultation and Referral Service (216) 721-2777.)

The Friends of the Cleveland Psychoanalytic Center supports the efforts of the Center through community lectures and benefit events.

BE A FRIEND OF THE CLEVELAND PSYCHOANALYTIC CENTER

- Join with others who support the need for psychodynamic therapy as a treatment modality in our community
- Participate in interesting lectures and discussions, such as the monthly Friends movie discussion
- Receive invitations to Center Scientific Meetings and other events
- Receive the Center's newsletter, *Psychoanalysis in Cleveland*.



JOIN THE FRIENDS OF THE CPC

The Friends have generously supported the work of the Cleveland Psychoanalytic Center in fulfilling its mission to promote the development and use of psychoanalysis for the benefit of the community. **Friends of the Cleveland Psychoanalytic Center** receive invitations to Sunday evening psychoanalytic film discussions and other special events. Please renew or join today by mailing this form to 2460 Fairmount Blvd., #312, Cleveland Hts. OH 44106.

I am a new renewing **Friend of the Cleveland Psychoanalytic Center.**

Name(s) _____
Street Address _____
City/State/Zip _____
Daytime Phone _____ E-mail _____ Expir. Date _____
Credit Card Number _____
Name on Credit Card _____

PLEASE CIRCLE LEVEL OF SUPPORT:

Patron	\$500
Donor	\$250
Sponsor	\$100
Family	\$50
Individual	\$35
Student	\$15