

One-Time Gift: \$5 \$10 \$20 \$50 other \$ _____

WAFF Monthly Pledge Form

I wish to add the following tax-deductible contribution to my gas bill. I understand that I may cancel at any time. Check one:

\$5 \$10 \$20 \$50 other \$ _____

Name _____

Address _____

City _____

State _____ Zip _____

Washington Gas Account Number (as provided on your bill) _____

Signature _____



Mail pledge form and check to:
WAFF, P.O. Box 1999, Washington, D.C. 20013
or email to **Kelly.Caplan@washgas.com**

30649-I-0231