

**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**

30649-I-0231