

Giving the community access to all the benefits design offers.



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WAF Legacy Circle Pledge Form

By contributing to the Legacy Circle, you will help found an Annual Fund that will be used to sustain our most successful and impactful programs such as Architecture in the Schools, DACKids Saturday Programs, Architecture Month, and Summer Camp.

I wish to join the annual giving Legacy Circle by pledging an annual personal gift of:

 \Box \$500.00 per year for five years

 \Box \$1,000.00 per year for five years

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My first payment of \$	is enclosed. The remaini	ng balance will be paid	out over the next	four years. I
prefer to be invoiced in	(month).			

Recognition:

I/We wish to remain anonymous. Please do not include my/our name in Foundation materials. I understand
that my identity will be disclosed to appropriate Foundation officials and representatives. Other
conditions/specifications are as follows:

_Please acknowledge this gift in the following manner:

Name							
Firm/Organizati	on						
Phone	hone Email						
Signature Date							
Please make che	ecks payable to the Wa	shington Architect	ural Foundation. Than	ık you!			
Account holder na	Card American Expres						
Account numberSignature							
If billing addres	s is different than that abo	ove, please check here	and include your billing	address on the back of	f this form.		
Thank you.							
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