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One-Time Donation: ☐ \$25 ☐ \$50 ☐ \$100 ☐ other \$ _____

WAFF Monthly Pledge Form

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

☐ \$5 ☐ \$10 ☐ \$25 ☐ \$50 ☐ other \$ _____

Name _____

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Signature _____

Mail monthly pledge form and check to:
WAFF, P.O. Box 1999, Washington, D.C. 20013