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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 Lega	acy Circle by pledging an annual personal gift of:		
□ \$100.00 per year for five ye	ars		
 \$250.00 per year for five years \$500.00 per year for five years \$1,000.00 per year for five years 			
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			_ is enclosed. The remaining balance will be paid out over the next four
years. I prefer to be invoiced in			
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 t	ne following manner:		
Name:			
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Please make checks payable to the	Washington Architectural Foundation. Thank you!		
	mount \$		
Account number:	Expiration date:		
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_ If billing address is different than that al	pove, please check here and include your billing address on the back of this form.		
Thank you.	·		

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