

**To pledge, simply complete, sign and return this form to Washington Gas, P.O. Box 1999, Washington, DC 20013.**

Please add a WAFF contribution to my gas bill starting next month. I understand that I may cancel at any time.

I wish to contribute the following tax-deductible amount each month (check one):

\_\_\_\_\_ \$10      \_\_\_\_\_ \$5      \_\_\_\_\_ Other Amount (The minimum pledge is \$2 per month.)

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address (continued)

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Washington Gas Account Number (as provided on your bill)

\_\_\_\_\_  
Signature

