



**ASLA COUNCIL OF FELLOWS SCHOLARSHIP
GIFT/PLEDGE CONFIRMATION**

NAME: _____

COMPANY/FIRM: _____

BILLING ADDRESS: _____

PHONE: (____) _____ **EMAIL:** _____

All gifts and pledges in any amount are welcome and will help us with this important program. The Council of Fellows has adopted a Challenge Level of \$1000 payable over three years. All Fellows of the Society are encouraged to contribute at the Challenge Level or above if they are able to do so.

My gift to the *ASLA Council of Fellows Scholarship Fund* is \$_____, payable over _____ year(s), beginning on (date) _____.

Please recognize my gift as follows _____

Signed: _____

Date: _____

Payment options

_____ Payment by enclosed check * _____ Invoice me annually for each pledge payment.

**Please make checks payable to:*
LAF
818 18th Street, NW, Suite 810
Washington, DC 20006
T 202 331 7070; F 202 331 7079

The *ASLA Council of Fellows Scholarship Fund* is administered by the:



LANDSCAPE ARCHITECTURE FOUNDATION