



ASLA COUNCIL OF FELLOWS SCHOLARSHIP GIFT/PLEDGE CONFIRMATION

NAME: _____

COMPANY/FIRM: _____

RECOGNITION NAME: _____

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 \$1,000 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 quarterly/annually (circle one) beginning on _____

**Please make checks payable to:*
LAF
1200 17th Street NW, Suite 210
Washington, DC 20036
T 202-331-7070; F 202-331-7079

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



The Landscape Architecture Foundation is a 501 (c) (3) non-profit organization under the regulations of the Internal Revenue Service. LAF federal tax ID: 52-6065505. All contributions to the Foundation are tax-deductible.