

ASLA FLORIDA CHAPTER SCHOLARSHIP FUND GIFT / PLEDGE COMFIRMATION

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My gift to the ASLA Florida C	Chapter Sch	holarship Fund	is \$, payable
over year(s), beginn	ing on (date	e)		
Please recognize my gift as	follows			·
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Payment by enclosed	check *			
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*Please make checks payable to: LAF 1129 20thStreet NW, Suite 202 Washington, DC 20036 T 202-331-7070; F 202-331-7079

The ASLA Florida Chapter Scholarship Fund is administered by the:



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