

***Yes! I want to contribute to the  
Alliance Française Library Fund!***

Name (First) \_\_\_\_\_ (Last) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

Cell \_\_\_\_\_ Email \_\_\_\_\_

I have enclosed my gift of:

\$50

\$100

\$250

\$500

\$1,000

\$5,000

Check Enclosed

Visa

Master Card

*Make checks payable to Alliance Française de Washington.*

Credit Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_

*Please note that the amount of your contribution is deductible as a charitable  
contribution for federal income tax purposes.*

***Mail this completed form to:  
Alliance Française de Washington  
2142 Wyoming Avenue NW  
Washington, DC 20008***