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Enter your information directly into this form, then print for sending by mail or fax.

**Name** \_\_\_\_\_ **Today's Date** \_\_\_\_\_  
**Address** \_\_\_\_\_ **Class Year** \_\_\_\_\_  
 \_\_\_\_\_ **Daytime Phone** \_\_\_\_\_

Please record my annual, unrestricted Foundation gift of \$\_\_\_\_\_. *Membership in the Hastings 1066 Foundation requires an annual gift of \$1066 or more. The fiscal year begins July 1 and ends June 30.*

My additional gift of \$\_\_\_\_\_ is for: 1066 Foundation Unrestricted  
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**Method of Payment:**

My check for \$\_\_\_\_\_ is enclosed. *Please make check payable to Hastings 1066 Foundation.*

Please charge my gift of \$\_\_\_\_\_.

VISA      Master Card      American Express Card      Discover Card

# \_\_\_\_\_ Exp. Date \_\_\_\_\_

Name as it appears on card \_\_\_\_\_

Signature \_\_\_\_\_

**Please record my pledge** of \$\_\_\_\_\_. *Pledges may extend for up to 5 years.*

Please bill me:	OR	Please charge my gift(s):
\$_____ is enclosed.		Charge my credit card \$_____ TODAY.
\$_____ on __/__/__.		Charge my credit card \$_____ on __/__/__.
\$_____ on __/__/__.		Charge my credit card \$_____ on __/__/__.
\$_____ on __/__/__.		Charge my credit card \$_____ on __/__/__.

**Mail to:** Hastings 1066 Foundation  
 200 McAllister Street  
 San Francisco, CA 94102-9870

**FAX:** 415.581.8844  
**Questions? Phone** 415.565.4621

My gift is anonymous.      My employer matches gifts.  
 Please correct my name/address as noted.      My spouse's employer matches gifts.

*Thank You!*