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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

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

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

Please bill me:	OR	Please charge my gift(s):
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\$_____ 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!