John Adams Society Confidential Enrollment Form Recognition of Stewardship



Recognition of Stel	warasnip			ATTANASI	Dington Druth
Name(s)					
Street					
City	State	Zip_			
I/we strongly support your plans. Please enroll us in th				n our will or	other estate
<ul> <li>I/we would like to my/our name(s) o on the web site in</li> </ul>	on public display a	at Judicial V	/atch headq		
Please list my/our					
<ul> <li>I/we would prefer</li> <li>Do not include me</li> <li>in publications or</li> </ul>	• to remain an ano e/us on public disp		mber(s) of t	he John Ada	
Please provide the following	g information to a	assist us in k	eeping your	record curre	ent.
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Telephone number: Home:	()		Other: (	)	
E-mail:					
Signature(s):			Date:		
			Date:		
Send us your story!					
Please tell us why you have a photograph along with yo your story in our publicatio making the same commitme important mission. (attach	our story. With yo ons and on the wel ent to ensure Judi	our permissi b. Your lead icial Watch	on, we will lership will	make every a inspire other	ttempt to publish s to consider

Please return to:	Judicial Watch
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	425 Third Street, S.W. Suite 800
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