

DATE: ___ / ___ / _____

AMOUNT PLEDGED: \$ _____

Show(s) I Support: _____

Put additional listener comments on back of card

Name: _____

Address: _____

Please provide billing address for your credit card

City: _____ St. _____ Zip: _____

Phone: _____

Email: _____

Needed for you to be added to WSLR's email list

All information provided is held in strict confidence. WSLR does not sell or share its donor list with any other organization.

Type of Card: VISA Mastercard American Express Discover

Four empty boxes for card number

Exp. Date: _____ Billing Zip Code: _____

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Membership Drive

Can we thank you on the air?

YES NO, I prefer to be anonymous

Would you like a thank-you gift?

No, thanks T-Shirt (Size _____) Hat

Other (specify) _____

Are you interested in being a member of The Tribe?

YES NO

If yes, specify ongoing monthly amount: \$ _____

This amount will be deducted monthly from the given credit card.

Four empty boxes for date

Date TY Gift Mailed: ___ / ___ / ___



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