

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

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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 t-shirt or hat? (additional cost \$36.50)

☐ No, thanks ☐ T-Shirt (Size _____) ☐ Hat

☐ Other (specify) _____

Are you interested in being an EVERGREEN member?

☐ YES ☐ NO

If yes, specify ongoing monthly amount: \$ _____

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



Membership Drive

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☐ YES ☐ NO, I prefer to be anonymous

Would you like a t-shirt or hat? (additional charge of \$36.50)

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Date TY Gift Mailed: ____/____/____