

MAIL-IN PLEDGE FORM



Please complete and mail with your donation to:

**Wisconsin Public Radio Membership
821 University Ave
Madison, WI 53706**

Privacy Policy: WPR does not sell or exchange your personal information with any other organizations.

MY MEMBER INFORMATION

Name(s) _____

Address _____

City, State, Zip _____

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MY CONTRIBUTION

<p>One-time payment of \$ _____</p> <p>OR</p> <p>Installment payments of \$ _____ x _____ months = \$ _____/year</p> <p style="text-align: center;"><small>Installation amt. number of months Total Annual Contribution</small></p>

<p>_____ By Check (enclosed)</p> <p>OR</p> <p>_____ By Credit Card _____ Exp. Date _____</p> <p style="text-align: center;"><small>Visa MasterCard American Express Discover</small></p>

Thank you!