

WEFT 90.1FM Donation Form

NAME: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

E-MAIL ADDRESS: _____

PHONE NUMBER: _____

CHECK PLEDGE LEVEL. CIRCLE CHOICE OF GIFTS. CHECK SIZE.

___ \$40 WEFT 90.1FM Hat OR T-SHIRT ___ S ___ M ___ L ___ XL ___ 2X ___ 3X ___ 4X

___ \$75 WEFT 90.1FM Hat OR T-SHIRT ___ S ___ M ___ L ___ XL ___ 2X ___ 3X ___ 4X + WEFT Tote Bag

___ \$120 WEFT 90.1FM Hat OR T-SHIRT ___ S ___ M ___ L ___ XL ___ 2X ___ 3X ___ 4X + WEFT Tote Bag

OTHER AMOUNT: \$_____ ___ NO GIFTS ___ COMMUNITY SHARES

INSTALLMENTS: (MINIMUM OF \$10 PER MONTH): \$_____ PER MONTH ___ MONTHS

CREDIT CARD #: _____ EXP. DATE: _____

Mail in to: WEFT 90.1FM, PO Box 1223, Champaign, IL. 61824-1223