



PLEDGE OF SUPPORT

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (____) _____ E-mail: _____

Does your employer offer donation matching? Yes No Not sure (Employer _____)

Are you a: New Supporter Continuing Supporter May we thank you on air? (Circle) Yes/ No

How much would you like to donate [to WDVX] today?

Enter other amount	<input type="checkbox"/>
<input type="checkbox"/> \$25	<input type="checkbox"/> \$50
<input type="checkbox"/> \$100	<input type="checkbox"/> \$150 or more

If it were offered, would you be interested in making a monthly donation to WDVX? Yes No

Step 4: PAYMENT INFORMATION

Payment Method: Please send me an Invoice
 Check Enclosed (*Please make payable to WDVX*)
 Credit Card:

Credit Card # (16 digits): _____

Security Code (Located on back of card): _____ Exp. Date: _____ / _____

WDVX participates in the **Combined Federal Campaign** as approved charitable organization **#90143**