

PUBLIC RADIO EAST MEMBERSHIP FORM

1. What is the amount of your gift? _____
2. Name: First _____ Last _____
3. Would you like to include the name of another adult family member on your membership?

4. Mailing Address _____
City _____ Zip _____ Phone _____
5. Have you pledged to Public Radio East before? YES or NO
6. Your email address: _____
7. Many companies having a matching gift program, may we ask where you work or worked?

PLEDGE FULFILLMENT OPTIONS

How would you like to make your gift ?

MasterCard or VISA

Name as it appears on the card: _____

Account# _____ - _____ - _____ - _____

What is the 3-digit # found in the signature area of your card _____

Expiration Date: ____ / ____ Daytime Phone: _____

Signature: _____

Check Enclosed

Make checks payable to:

Public Radio East Foundation

Bill Me

A statement will

be mailed

Mail this form to: Public Radio East Foundation- 800 College Court - New Bern, NC 28562

Call 800-222-9832 if you should have any questions.