



# WRVM RADIO

Wisconsin Radio Voice of the Master



Broadcasting the Gospel Message & Music throughout Northeastern Wisconsin and Upper Michigan since 1967

## YES! Please sign me up for WRVM's EZ Giving Program!

You can share in our commitment to proclaim the Good News of the Gospel! When you participate, your gift will be transferred conveniently each month from your checking or credit card account directly to WRVM.

Your gift will go even further because our paperwork will be reduced; our income will be more predictable, putting your gift to work immediately to help the people who are served by our mission to reach NE Wisconsin and Michigan's Upper Peninsula with the Gospel of Jesus Christ.

A record of your gift will appear on your bank or credit card statement.

Name(s) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_ Email \_\_\_\_\_

I'd like to make a:  Donation  Memorial Gift  Honor Gift  Anonymous Donation

In Memory / Honor of: \_\_\_\_\_

Start Date: Month/Day/Year: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

As a:  One-time Gift  Monthly Gift  Quarterly Gift  Semi-Annual Gift  Annual Gift

On the:  5<sup>th</sup> of the month **OR**  20<sup>th</sup> of the month

\$ \_\_\_\_\_ DONATION AMOUNT


Please apply my gift to:  General Fund  Spots  WYVM  Suring Transmitter Fund

**Yes! I wish for 100% of my donation amount to go to WRVM. I would like to pay the processing fee costs associated with my donation. (Please enter amount below)**

**Please add \$ \_\_\_\_\_ to my donation amount. (3% for Credit Card donations)**

\$ \_\_\_\_\_ TOTAL DONATION AMOUNT (required)

**Enclosed is a voided check OR credit card information for my donation.** Please transfer my donation from my checking/credit card account. I understand my future donations will be transferred directly from my account as stipulated above. I understand that I may increase, decrease, or suspend my gift any time through the online donation form at [www.WRVM.org](http://www.WRVM.org) or by contacting WRVM by phone or mail. All donations provided to WRVM comply with U.S. Law.

Credit Card Number  \_\_\_\_\_ Expiration Date \_\_\_\_ / \_\_\_\_

Signature (Required) \_\_\_\_\_ Date \_\_\_\_\_

*Please make a copy of this form to keep for your records, or you may obtain a copy by contacting WRVM.*

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