



# 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.

<b>CONTACT</b>	Name(s) _____
	Address _____
	City _____ State _____ Zip Code _____
	Phone (____) _____ Email _____

<b>GIFT INFORMATION</b>	I'd like to make a: <input type="checkbox"/> Donation <input type="checkbox"/> Memorial Gift <input type="checkbox"/> Honor Gift <input type="checkbox"/> Anonymous Donation
	In Memory / Honor of: _____
	As a: <input type="checkbox"/> One-time Gift <input type="checkbox"/> Monthly Gift <input type="checkbox"/> Quarterly Gift <input type="checkbox"/> Semi-Annual Gift <input type="checkbox"/> Annual Gift
	On the: <input type="checkbox"/> 5 <sup>th</sup> of the month <b>OR</b> <input type="checkbox"/> 20 <sup>th</sup> of the month
	Start Date: Month/Day/Year: ____ / ____ / ____
	Please apply my gift to: _____ Car Port Campaign _____ General Fund _____ Bus Trips _____ Purchase of Special Radios _____ Spots _____ WYVM
	\$ _____ <b>TOTAL DONATION AMOUNT</b>
Comments: _____	

<b>PAYMENT INFORMATION</b>	<b>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)</b>
	<b>Please add \$ _____ to my donation amount. (3% for Credit Card donations)</b>
	\$ _____ <b>TOTAL DONATION AMOUNT (required)</b>
	<b>Enclosed is a voided check OR credit card information for my donation.</b> 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 <a href="http://www.WRVM.org">www.WRVM.org</a> 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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