



Broadcasting the Gospel Message
Since 1967 throughout Northeastern
Wisconsin, Upper Michigan and
Duluth Minnesota.



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.

CONTACT

Name(s) _____
Address _____
City _____ State _____ Zip Code _____
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GIFT INFORMATION

I'd like to make a: ☐ Donation ☐ Memorial Gift ☐ Honor Gift ☐ Anonymous Donation
In Memory / Honor of: _____
As a: ☐ One-time Gift ☐ Monthly Gift ☐ Quarterly Gift ☐ Semi-Annual Gift ☐ Annual Gift
On the: ☐ 5th of the month **OR** ☐ 20th of the month
Start Date: Month/Day/Year: ____ / ____ / ____
Please apply my gift to: ____ General Fund ____ Bus Trips ____ Spots ____ Duluth Radio Station
\$ _____ TOTAL DONATION AMOUNT
Comments: _____

PAYMENT INFORMATION

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 voiceofthemaster.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.