

W M R W FUNDRAISER PLEDGE FORM
"HEAR IT IF YOU CAN!"
FEBRUARY 2010

(No information will be shared with any other organization)

Date ___ / ___ / ___

Name _____ \$ _____
Pledge Amount

Phone _____

Email _____ (if you want to receive updates about the station)

Mailing Address:

Street / P.O. Box

Town

State

Zip

Mail check or money order to: WMRW P.O. Box 95 Warren, VT 05674

_____ \$ _____
Premium (if any requested) Retail value of premium

Donation (less the retail value of any premium) is Tax Deductable.
WMRW is a project of Rootswork Inc. a Federal 501(c) (3) non profit

Survey:

Where & when do you listen? _____

Favorite Programming? _____

Any other comments or suggestions? (use other side if needed)