



Pledge Form

KJIR Sharathon 2011
 "WHO IS YOUR GOD? THE LORD, HE IS GOD"

Donor Information (please print)

Name	
Mailing address	
City	
State	
ZIP Code	
Telephone (home)	
Telephone (business)	
Fax	
E-Mail	

Pledge Information

I (we) pledge a total of \$ _____ to be paid:
 ___ now ___ monthly ___ quarterly ___ yearly.

I (we) plan to make this contribution in the form of:
 ___ cash ___ check ___ credit card.

Project Transmitter - \$25,000 Goal

1-Time Giving – Over & Above Regular Giving
 Pledge Amount: _____

Credit card type	
Credit card number	____-____-____-____
Expiration date	__ / __ Last 3 digits on back of card __ __
Authorized signature	

**Please use my gift as a match challenge gift. ___yes ___no (please check one).
This will be added to the general match challenge.

Acknowledgement Information

Please use the following name(s) in all acknowledgements:

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___ I (we) wish to have our gift remain anonymous.

Signature(s)
Date

Please make checks/gifts payable to:

All gifts are tax-deductible.

KJIR Radio
PO Box 1189
Quincy, IL 62306

OR

Online www.kjir.org

OR

Call 217-221-9410
Toll Free 888-909-9410