

DONATION FORM

I wish to support Divine Mercy Radio at the _____ Giving Level. *(see reverse)*

PLEDGES

I wish to support Divine Mercy Radio with a pledge of \$_____ to be paid over ____ years.
I will pay \$_____ Annually Quarterly Monthly Please send me reminders

ONE TIME GIFT

I wish to support Divine Mercy Radio with a **ONE TIME GIFT** of \$_____.

I WILL BE PAYING BY CREDIT CARD

Card # _____ Exp. Date _____

Name (as it appears on card) _____ Security Code _____

Signature Required _____

I WILL BE PAYING BY CHECK *(Payable to Divine Mercy Radio)*

Please send me envelopes.

I WILL BE DONATING ONLINE at Catholic540AM.org.

I WILL BE PAYING WITH: Stock Property Securities *Please contact me.*

DONOR INFORMATION

Name _____

Address _____

City, State Zip _____

Phone(s) _____

Email _____

Parish/Church _____

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

DOES YOUR EMPLOYER GIFT MATCH? *(Match will be included in fulfilling your annual pledge.)*

My gift will be matched by _____

Gift match form enclosed Form will be forwarded Contact me to process

MY BUSINESS IS INTERESTED IN UNDERWRITING DIVINE MERCY RADIO.

Please contact me.

Name of Business _____ Phone Number _____

