



Pledge Form

DONOR INFORMATION (Please print or type.)

NAME _____

STREET ADDRESS _____

CITY, STATE ZIP _____

PHONE: HOME _____ CELL _____

EMAIL (required for CC donations) _____

PARISH/CHURCH _____

DONATION INFORMATION

I (WE) WILL DONATE \$ _____ one time gift monthly quarterly annually

I (WE) PLAN TO MAKE THIS CONTRIBUTION BY CHECK(S) STARTING MO _____ YR _____

I (WE) PLAN TO MAKE THIS CONTRIBUTION USING BILL PAY STARTING MO _____ YR _____

I (WE) PLAN TO MAKE THIS CONTRIBUTION BY CREDIT CARD

CREDIT CARD NUMBER _____ EXP DATE _____

CARD: Visa MC Amex Discover Other _____ SEC CODE _____

NAME AS IT APPEARS ON CARD _____

BILLING ADDRESS (if different than above) _____

PROCESS RECURRING PAYMENTS STARTING MONTH _____ YEAR _____

MATCHING GIFT INFORMATION

Gift will be matched by (company/family/foundation) _____
 form enclosed form will be forwarded form not required please contact me to process

AUTHORIZED SIGNATURE _____

DATE _____

Please make checks payable to:

Divine Mercy Radio

343 E. Six Forks Road, Suite 160
Raleigh, NC 27609

DONATE ONLINE at: WDMR.ORG

THANK YOU for your...

~ Tax-deductible gift

~ Partnership in bringing Catholic Radio to NC