

# WHYY ONE-TIME DONATION



Dear WHYY,

Date:     /    /      
MM DD YYYY

I value and support public media in the Philadelphia region. Please accept my tax deductible donation.

**INSTRUCTIONS:** Fill in the form. Print the form using the 'print' feature. If you have supplied credit card information, please sign the form before mailing. Mail the signed form or your check and the form to the address indicated.

## MEMBER INFORMATION

First Name: \_\_\_\_\_  
Last Name: \_\_\_\_\_  
Street: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Email (required for WHYY Passport): \_\_\_\_\_  
Phone (optional): \_\_\_\_\_  
Member # (optional): \_\_\_\_\_  
Notes (optional): \_\_\_\_\_  
\_\_\_\_\_

## PAYMENT INFORMATION

**One-time Donation Amount:** \$ \_\_\_\_\_

Enclosed is my check payable to WHYY.

Please charge my one-time donation to my Visa/Mastercard/Discover/  
American Express card.

Card Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Expiring:     /      
MM YY

Signature: \_\_\_\_\_

**\*A \$60 or more donation gives me access to WHYY Passport\***

Source Code: TOI2012FMYE7

Please include this completed form with a check or credit card information in your envelope and mail to: **WHYY, P.O. Box 900, Greencastle, PA 17225-0900**

*\*\*All donations postmarked on or before December 31st will be counted towards tax year 2020.\*\**