

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: TOI0000PF001

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**