

Membership Donation

Donation Amount

I would like to become a sustaining **Evergreen Member** with a monthly contribution of:

\$5/mo \$12/mo \$15/mo \$20/mo Other \$____/mo Network Partner: \$100/mo

I understand that my monthly support will continue until I make a change or cancel, and that my contribution will be processed around the same date each month, within four business days.

OR

I prefer to make a **one-time** contribution:

\$60 \$144 \$180 \$240 Other \$ ____ Network Partner \$1,200

Your Information

I listen to: News CPR Classical Indie 102.3

First Name _____ Last Name _____

Address _____

City, State, Zip _____

Add Second Name or Business Name (optional) _____

Email _____ Phone _____

Payment Information

Please choose one:

Check enclosed (Payable to Colorado Public Radio)

Bank Account Draft
(Please send voided check or enter bank information below.)

Routing Number _____

Account Number _____

Credit Card

Number _____

Expiration Date _____ CVV Code (back of card) _____

Signature _____

Colorado Public Radio

_____ \$ _____

:999888777 :00123456789 :123

Bank Routing Number Bank Account Number Check Number (not used)

Please mail completed form and payment to:

Colorado Public Radio

PO Box 17429

Denver, Colorado 80217-0429

Questions? Please call Membership at (303)-871-9191

Thank you for your generous support.

Colorado Public Radio

www.cpr.org/donate