Dear Loyal Listener,

Thank you so much for continuing to support WVKR! To make your pledge, please print and complete this form and mail it to the following address:

**WVKR Gifts**  
161 College Avenue, Box 725  
Poughkeepsie, NY 12603

If you are pledging by check, please enclose your check (payable to WVKR). If pledging by credit or debit card, please include card information on the following page.

With love,
Emma Bauchner  
WVKR General Manager 2020-21

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NAME ____________________________________________________________

ADDRESS __________________________________________________________

CITY, STATE, ZIP ____________________________________________________

PHONE NUMBER _____________________________________________________

EMAIL _____________________________________________________________

FAVORITE SHOW(S) __________________________________________________

AMOUNT ENCLOSED $ _______________________

NEW DONOR? ______ Yes ______ No

To see if your employer participates in a matching gift program, go to matchinggifts.com/vassar

**Available premiums (check one)**

___ (20A) $1.00-$24.99: Sticker

___ (20B) $24.99-$49.99: T-shirt and sticker  

___ (20C) $24.99-$49.99: Face mask and sticker  

___ (20D) $50.00-$74.99: Tote bag and sticker  

___ (20E) $50.00-$74.99: T-shirt, face mask and sticker  

___ (20F) $75.00-$99.99: Tote bag, t-shirt and sticker  

___ (20G) $75.00-$99.99: Tote bag, face mask and sticker  

___ (20H) $100 and up: Tote bag, t-shirt, face mask, and sticker

Please indicate any notes below (including custom CD premiums):

________________________________________________________________________

(Payment info on next page)
Payment method

_____ Check enclosed      _____ Credit/Debit Card (info below)

_____ Visa     _____ Mastercard     ____ American Express

Name on Card: ___________________________________________________

Card Number: ___________________________________________________

Expiration date: __________    CVV:________

_____ Check here if billing address is different than shipping address and provide below

NAME____________________________________________________________________

ADDRESS_________________________________________________________________

CITY, STATE, ZIP___________________________________________________________