



**Thank you for your support of Classical 90.5 WSMC!
We truly appreciate gifts of all amounts. Your gift is deductible.**

Pledge Information

1. I/we wish to support WSMC with a gift of:

- \$1,000 \$500 \$250 \$125 \$60 Other _____

2. Method

A check (made payable to WSMC) for \$_____ is enclosed.

Please charge my gift of \$_____ to Visa / MasterCard / American Exp. / Discover

Credit card number	
Expiration date	
Authorized signature	

Please accept a pledge in the amount of \$_____

___ This pledge will be made in ___ monthly or quarterly installments of \$_____ each.
number circle frequency

___ Please send return envelopes for each remaining installment.

A matching gift form is enclosed.

Donor Information

Name					
Billing address					
City		State		ZIP	
Telephone		Business			
E-Mail					

Acknowledgement Information

Please use the following name(s) in all acknowledgements:

I/we wish to have our gift remain anonymous.

Signature		Date	
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**Return this form to:
WSMC
PO Box 870
Collegedale, TN 37315**