

NEW HAMPSHIRE PUBLIC RADIO CAMPAIGN FOR INNOVATION

Yes, I/we believe in the importance of NHPR's Campaign for Innovation and will help secure public media with my/our contribution of \$ _____.

DONOR INFORMATION

Name(s): _____ Home Phone: _____

Address: _____ Mobile Phone: _____

City/State/Zip: _____ Email: _____

GIFT TERMS

☐ I am supporting the campaign today with a payment of \$ _____

☐ Single Payment at Later Date:
Please bill/charge on _____ (mm/yy)

☐ Multiple Payments:
Please bill/charge \$ _____
starting on _____ (mm/yy)

- ☐ Annually
☐ Quarterly
☐ Monthly

☐ This is not a pledge. I/we will recommend that a grant be made to your organization from the _____ Fund at _____.

PAYMENT INFORMATION

☐ Check: Make payable to New Hampshire Public Radio

☐ Please deduct my/our gift from my bank account:

Account Number: _____

Routing Number: _____

Bank Name: _____

☐ Please charge my/our gift to my credit card:

Card Number: _____

Name on Card: _____

Exp. Date: _____ (mm/yy)

☐ Planned Gifts, Stocks & Securities, Other:

Please contact Deb Turner at 603.223.2416 or dturner@nhpr.org.

☐ My/our gift is eligible for a match by: _____

RECOGNITION

NHPR may publicly acknowledge my/our commitment ____ yes ____ no

I/we would like to be acknowledged as: _____

My gift is made in honor/memory of: _____

Please send notification of this gift to:

Name(s): _____

Address: _____

City/State/Zip: _____

Special Instructions: _____

Signature: _____ Date: _____