

WHPC DONATION FORM

Show Name: _____

Listener Name: _____

Listener Address: _____

Listener Town: _____ Zip: _____

Listener Home Phone: _____

Listener Cell Phone: _____

Listener E-Mail: _____

AMOUNT OF DONATION: _____

PAYMENT: CHECK - WE WILL SEND AN ADDRESSED ENVELOPE WITH INSTRUCTIONS

CREDIT CARD:

VISA MASTERCARD AMEX DISCOVER

CARD# _____

NAME ON CARD: _____

CARD EXPIRATION: ____ / ____

CARD SECURITY CODE ON BACK: _____

Prize Won (if any): _____

Staff Name: _____

Date: _____ Time: _____