



Gift Authorization Form

Gift Amount: \$5,000 \$1,000 \$500 \$250 \$100 \$50 Other \$ _____

This a: One-time gift Monthly Gift (select day of month, 1st – 27th): _____

Full Name _____

Street Address _____

City _____ State _____ Zip _____

Telephone _____ Email _____

My gift is in honor of: in memory of:

Name: _____

Please notify _____

Address _____

Enclosed is my check.

Charge my gift to: Visa Master Card Discover American Express

Credit Card # _____ Expiration Date _____

Signature _____

Automatically transfer monthly gifts from my checking account.

I authorize WGTS 91.9 to process debit entries to my account. I understand that this authority will remain in effect until I provide reasonable notification to terminate the authorization.

Authorized signature _____

