

- Northwestern Illinois Radio Fellowship -

Donation Form

Donor Information (Please print or type)

Name _____

Billing Address _____

City, State, Zip Code _____

Phone 1 | Phone 2 _____

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Donation Information

Amount being donated today: _____

This contribution is being made in the form of: cash check credit card

Credit Card Type | Exp. Date _____

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Authorized Signature _____

Please check this box if you would like to become a monthly supporter along with your contribution today.

Signature(s) Date

Please make checks or other gifts payable to:

- Northwestern Illinois Radio Fellowship -
2525 W. Stephenson St.
Freeport, IL 61032

Northwestern Illinois Radio Fellowship (NIRF) - Receipt Information

Donor Name _____

Amount Donated _____

Authorized NIRF Signature _____

Date _____

- Northwestern Illinois Radio Fellowship - 2525 W. Stephenson St., Freeport, IL 61032

* Donor has not received any goods or services in exchange for this contribution *