



Gift Form

Name_____

Address_____ City_____ State_____ Zip_____

Day Phone_____ Email_____

Enclosed is my/our **one-time** gift of:

☐ \$25 ☐ \$50 ☐ \$100 ☐ \$250 ☐ \$400 ☐ \$500* ☐ \$1,000 ☐ \$2,500 Other \$_____

I'd like to make an ongoing **monthly** donation of \$_____ (*charge my credit card monthly until I cancel*)

☐ I have enclosed a check, payable to Interlochen Public Radio.

☐ Please charge my credit card: ☐ Visa ☐ Mastercard ☐ American Express ☐ Discover

Card Number_____ Expiration Date_____

Name on card_____ Signature_____

For recognition purposes, please list my/our name as:_____

I would like my/our gift to be: ☐ in honor of ☐ in memory of:

Name_____

Please send a notification to:

Name_____

Address_____ City_____ State_____ Zip_____

☐ I have attached a completed matching gift form from my or my spouse's employer.

Check matching gift companies at: www.interlochen.org/icamatch

☐ I have included IPR in my will ☐ I'd like information on including IPR in my will or estate plan

Please mail your gift to:

Interlochen Public Radio
P.O. Box 199
Interlochen, MI 49643-0199

For further information, please contact IPR at: 231.276.4400 or ipr@interlochen.org.