



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 \$_____

**Combined gifts of \$500 or more between Jan. 1 – Dec. 31 qualify for priority ticketing for the Interlochen Summer Arts Festival*

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