Comments, Special Requests, Program Preferences, Gift Memberships:

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1) How much would you like to pledge? $_____ **Radio** ☐ **TV** ☐ **Radio & TV** ☐

Is this your first contribution to WILL? yes ☐ no ☐ Senior /Student Membership $25 ☐ Yes Business Membership ☐ Yes

Payment Method: Single payment ☐ check ☐

Installments by: Monthly ☐ Quarterly ☐ Semi-annually ☐ **minimum payment $5 per month**

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2) Would you like a WILL Membercard? ☐ Yes ☐ No ($75 pledge or more; allow 3-4 weeks to arrive)

3) Name and address. Is this a joint membership? ☐ Yes ☐ No

Mr ☐, Mrs ☐, Ms ☐, Miss ☐, Mr & Mrs ☐, Dr ☐, Business Name _____

First name_____ Initial_____Last Name_____

First name_____ Initial_____Last Name_____

Address_____

City_____ State_____Zipcode_____

4) Phone number and e-mail address.

Home phone (_____) _____-_____ work ◯ cell ◯ (_____) _____-_____

e-mail _____@_____

5) May we have the name of your employer to determine if they match your contribution?

Employer_____

Thank you for your pledge of support to WILL.

Please make your check payable to: UIF/Friends of WILL

Mail this form to:

Membership Department
WILL AM-FM-TV
Campbell Hall for Public Telecommunication
300 N. Goodwin Ave.
Urbana, IL 61801-2316

Your pledge confirmation will be mailed shortly.

R. 9-20-05