SUCCESSFEST PLEDGE FORM

Pledge Amount $___________________

First Name __________________________________________ M.I. ____ Last Name __________________________________________________

Address  __________________________________________ City__________________________  State _____  Zip __________________________

Telephone (         ) ______________________________ Email Address ______________________________________________________________________________________

Gift in honor of  _______________________________________  E.C.S.U. Affiliation/Class Year __________________________________________________________________

Today's Date: _______________________________________

Volunteer Name: ____________________________________

Show/Time: ________________________________________

GIVING LEVELS

☐ $25.00               Associate
☐ $50.00                Friend
☐ $89.90                WRVS Club
☐ $125.00              Supporter
☐ $250.00             Sponsor
☐ $350.00             Mighty Viking
☐ $500.00             Viking Pride
☐ $1,000.00          Chancellor’s Club

PAYMENT METHOD

☐ Check        Check# ______________________________
☐ Cash
☐ Payroll Deduction
☐ Credit Card
   ☐ VISA  ☐ MASTERCARD
   CARD# _______________________________________
   Expiration Date: ____________________________
   Billing Address: ______________________________

For membership inquiries, 252-335-3985 or
WRVS-FM Membership Department
1704 Weeksville Road
Campus Box 800
Elizabeth City, North Carolina  27909

Your contribution is tax-deductible to the full extent
allowed by law. Upon receipt of your donation, please allow
6 weeks for delivery of your premium and/or incentive.

MINI SURVEY

My WRVS listening habits:  ☐ Only recently  ☐ Sometimes  ☐ Regularly

Is WRVS your first choice?  ☐ Yes  ☐ No

Music Preference:  ☐ Gospel  ☐ R&B  ☐ Reggae  ☐ Hip Hop  ☐ Jazz  ☐ Other __________________________

Talk Preference:  ☐ News  ☐ Public Affairs  ☐ Sports  ☐ Interviews  ☐ Other ______________________________

Gender:  ☐ M  ☐ F  Age:  ☐ under 21  ☐ 21-34  ☐ 35-54  ☐ 55+

FOR OFFICE USE ONLY

Premium/Incentive: ______________________________________

Date Sent: __________________________________________

T-shirt size:  S  M  L  XL  XXL  XXXL
Initials: ___________________________________________