

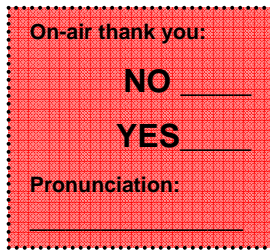
Date \_\_\_/\_\_\_/\_\_\_ Time \_\_\_/\_\_\_ AM PM Call \_\_\_ Walk-in \_\_\_ Assisted by \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ Phone \_\_\_\_\_

E-Mail Address: \_\_\_\_\_



Fall 2009

1) Membership: New member \_\_\_ Renewing Member \_\_\_ Additional Gift \_\_\_

2) Are you interested in premiums? No \_\_\_ Yes \_\_\_

- \_\_\_ \$60 Tote89
- \_\_\_ \$89 Card89
- \_\_\_ \$100 Mug
- \_\_\_ \$135 Shirt
- \_\_\_ \$175 Mug / Shirt
- \_\_\_ \$189 Mug / Tote89

Circle Shirt Size:  
SM MD LG XL 2X

\_\_\_ \$225 Day Sponsorship OR Card89 / Tote89 / Mug / Shirt

*Announcers' Circle*

\_\_\_ \$300 Day Sponsorship / Tote89 / Mug / Shirt / Card89

*Broadcasters' Circle*

\_\_\_ \$600 Day Sponsorship / Signed Print / Tote89 / Mug / Shirt / Card89

*Producers' Circle*

\_\_\_ \$900 2 Day Sponsorships / Signed Print / Tote89 / Mug / Shirt / Card89

*Tesla Society*

\_\_\_ \$1200+ 3 Day Sponsorships / Signed Print / Tote89 / Mug / Shirt / Card89

\$ \_\_\_ Other: Card89 \_\_\_ Tote89 \_\_\_ Mug \_\_\_ Shirt \_\_\_ Day Sponsor \_\_\_ Print \_\_\_

3) Will you pick up your premiums? Yes \_\_\_ No, mail \_\_\_

4) How would you like to pay?

\_\_\_ Coming by to pay

\_\_\_ I will mail my payment

\_\_\_ Bill me

\_\_\_ Charge Full Amount to my credit card

\_\_\_ By monthly payments: \_\_\_ Installment Plan for \$ \_\_\_ per month for \_\_\_ (#) months.

\_\_\_ Sustaining Plan for \$ \_\_\_ per month.

\_\_\_ Bank Draft: I will come by \_\_\_ Mail my form \_\_\_

\_\_\_ Credit Card Monthly

\_\_\_ WSU Payroll Deduction: I will come by \_\_\_ Mail my form \_\_\_

Day Sponsorship 1 Date: \_\_\_/\_\_\_/\_\_\_  
Occasion: \_\_\_\_\_  
 I will call Pat Hayes later at 978-7171.

Day Sponsorship 2 Date: \_\_\_/\_\_\_/\_\_\_  
Occasion: \_\_\_\_\_  
 I will call Pat Hayes later at 978-7171.

Day Sponsorship 3 Date: \_\_\_/\_\_\_/\_\_\_  
Occasion: \_\_\_\_\_  
 I will call Pat Hayes later at 978-7171.

Credit Card: Visa MC AmEx Discover Name on card: \_\_\_\_\_  
Card #: \_\_\_\_\_ Exp. Date: \_\_\_/\_\_\_/\_\_\_ **Read it back!**

5) Will your employer match your pledge? No \_\_\_ Yes \_\_\_ Employer: \_\_\_\_\_

6) Do you have any comments? \_\_\_\_\_

KMUW STAFF Paid by: Check \_\_\_ Cash \_\_\_ Credit Card \_\_\_ Date: \_\_\_/\_\_\_/\_\_\_ BILLED: \_\_\_\_\_  
USE ONLY Premiums: Picked up \_\_\_ Mailed \_\_\_ Date: \_\_\_/\_\_\_/\_\_\_ DEPOSIT: \_\_\_\_\_