



WDSE • WRPT Membership Pledge Form

Please print and complete this form. It can be mailed to us at:

WDSE • WRPT
632 Niagara Court
Duluth, MN 55811-3098

Or fax it to:
(218) 788-2832

First Name		Last Name	
Address			
City		State	Zip
Home Phone		Email Address	

Are you currently a member of WDSE WRPT? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If you answered YES, are you renewing or making an additional contribution? <input type="checkbox"/> Renewal <input type="checkbox"/> Additional Gift	
I'd like to make a gift of: <input type="checkbox"/> \$45 <input type="checkbox"/> \$75 <input type="checkbox"/> Other: _____	
If you prefer, you can put your contribution on a credit card or pay by check. <input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD <input type="checkbox"/> DISCOVER <input type="checkbox"/> AMERICAN EXPRESS <input type="checkbox"/> Check Enclosed (payable to WDSE)	
Credit Card Number	Expiration Date
Let us know your favorite programs!	