

WESA Leadership Circle Pledge Form 2020/2021

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| ☐ Mr. and Mrs. ☐ Drs. ☐ Messrs. ☐ Mmes | . 🗆 Mr. 🗆 Mrs. 🗆 Dr. 🗆 M | 1s. □ Miss □ Oth | ner | |
|--|--------------------------------|------------------|------------------|-----------------------|
| Name | | | | |
| Address | City | | State | Zip |
| Primary Phone | □ r | mobile 🗆 home | \square office | |
| My Email | Partner/Spouse En | nail | | |
| PLEDGE INFORMATION | | | (Fiscal year ru | uns July 1 - June 30) |
| □ I/we will support 90.5 WESA with a Lea □ \$25,000 □ \$10,000 □ | dership Circle gift and will f | | • | |
| □ Leverage my/our gift as a challenge or r □ Fall 2020 □ Winter | _ | | • | port of WESA. |
| □ Please put this gift toward the News Ex | cellence Fund in support of | local and region | al journalism | |
| □ I/we would like to make this gift: □ | in honor of 🛮 🗆 in memory | / of | | |
| Please notify (name & address): | | | | |
| PAYMENT INFORMATION | | | | |
| □ Enclosed is a check made payable to 90 | .5 WESA. | | | |
| □ Charge my card: □ Visa □ □ One-time \$ □ | MasterCard | ☐ Americar | n Express | |
| Card No. (Do not email your number): | | | Ехр | . Date |
| Bill me and send reminder via: | Email (address specified al | pove) | □ US Mail | |
| □ I/we plan to contribute through: □ Charitable IRA Rollover (must be age 70 □ Family Foundation | | | ard stock tra | nsfer instructions. |
| Signature | | | Date | |
| MATCHING GIFT □ Enclosed is a matching gift form. □ | I requested a matching gift | t from my emplo | yer: | |
| ACKNOWLEDGEMENT □ I/we wish to be acknowledged on-air ar □ I/we wish to remain anonymous. | nd in print as: | | | |

The official registration and financial information of WESA/Pittsburgh Community Broadcasting Corporation may be obtained from the PA Department of State by calling toll free, within Pennsylvania, 1 (800) 732-0999. Registration does not imply endorsement.