



Membership Donation

Membership Donation Amount

I would like to become a sustaining **Evergreen Member** with a monthly contribution of:

- \$5/mo. \$10/mo. \$15/mo. \$20/mo. Other: \$ ____/mo. Network Partner: \$100/mo.

I understand that my monthly support will continue until I make a change or cancel, and that my contribution will be processed around the same date each month, within 4 business days.

or I prefer to make a **one-time contribution**:

- \$60 \$120 \$180 \$240 Other \$ ____ Network Partner: \$1,200

Your Information

I listen to: News Classical OpenAir

First Name _____ Last Name _____

Address _____

City _____ State _____ Zip _____

Add Second Name or Business Name (optional): _____

Email _____ (For occasional updates only; CPR does not sell or share email addresses.)

I am a Legacy Partner; CPR is in my will. **or** Please contact me about becoming a Legacy Partner.

What prompted your decision to contribute today? (optional)

Payment Information – Please choose one:

Check enclosed (Payable to Colorado Public Radio)

Bank Account draft

(Please send voided check or enter bank information below.)

Routing Number _____

Account Number _____

Credit Card

Number _____

Expiration Date _____ CVV code (on back of card) _____

Signature _____



Please mail completed form and payment to:

Colorado Public Radio
Bridges Broadcast Center
Attn: Membership
7409 South Alton Court
Centennial, CO 80112

Questions? Please call Membership at 303-871-9191, ext. 321

Thank you for your generous support

www.cpr.org