

Please support
the future of
ILLINI
MEDIA

I/we wish to contribute \$ _____ or pledge \$ _____ to Illini Media.

Pledge Payments: Annually Semi-Annually Quarterly

I/we have included Illini Media in my/our will for \$ _____.

My/our pledge is made: in honor of in memory of anonymously

Name(s) to be listed among campaign donors as follows: _____

Your Name _____ Phone _____ E-mail _____

Address _____ City _____ State _____ Zip code _____

Method of Payment: Check (payable to Illini Media)

Please charge my credit card: Visa Mastercard AmEx Discover

Card number _____ Exp. date: _____ V Code _____

Name on card: _____ Signature: _____

You can also make your contribution online at illinimedia.org. Thank you for your generous support of Illini Media.

ILLINI MEDIA | 512 East Green Street, Champaign, Illinois 61820 | Phone 217.337.8300 Fax 217.337.8323 | www.illinimedia.org