

Montana Public Radio

Premium 2008 - mail

Copy this sheet as needed for additional items or use our website mtrpr.org

1. Have you donated before? No _____ Yes _____ How Long Ago? _____

2. First & Last Name _____

3. Business Name (if donation is from a business) _____

4. Address _____

City _____ Zip _____

Phone (day) _____ (evening) _____

email address _____

5. Premium Name _____

6. Premium Description _____

7. Retail value if paying for 1 premium _____ 8. Number being donated _____

9. Patrons will usually pick the premium up from you. If the patron can't come to you...

Can you MAIL the premium(s)? No Yes

DELIVER the premium(s)? No Yes, within this area _____

10. Expiration Date (if any) _____

12. Special Instructions – (ex. can't use on weekends, call ahead, person to contact to collect item)

Administrative Use: Notes: _____

Date Entered in Computer and printed _____ by _____ Premium Slip # _____