

Montana Public Radio

Premium 2010 - mail

Please...copy this sheet as needed for additional items or use our website mtpr.org

1. Have you donated a premium before? No ___ Yes ___ When? 2009 2008 Longer ago

2. First & Last Name _____

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

Business Website _____

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 pick it up from 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, use gift certificate)

Administrative Use:

Minimum pledge amount required for Premium _____

Pick up - collect the premium in this area only _____

Date Entered in Computer and printed _____ by _____

Premium Slip # **10-** _____ **Reviewed**