



PUBLIC TELEVISION FROM INDIANA UNIVERSITY

Memorial and Tribute Gifts

Please accept this contribution:

In memory of: _____

In tribute of: _____

Please inform the following that this memorial/tribute gift was made:

Name: _____

Address: _____

City, State Zip: _____

Donor Information:

Name: _____

Address: _____

City, State Zip: _____

Phone: _____

_____ Enclosed please find a check payable to **IU Foundation/WTIU**

_____ Please charge my credit or debit card in the amount of \$ _____

Card Number _____ Exp Date: _____

Signature _____

Please complete this form and mail to:

WTIU-TV
Attn: Membership Department
1229 E 7th Street
Bloomington, IN 47405-5501