



Mail – In Donation Form

To donate by mail, please complete this form and send your contribution by check, money order or credit card to:

WQPT PBS
3300 River Dr
Moline, IL 61265

Donor Information

Name (First/Last): _____

Billing Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

(An email address is required to access WQPT Passport)

Gift Information

Donate at least \$5/mo. And you'll automatically receive access to WQPT Passport

Monthly Donation Amount:

☐ \$10/mo. ☐ \$25/mo. ☐ \$50/mo. ☐ \$100/mo.

Method of Payment:

☐ Check/Money Order (payable to WQPT) ☐ Credit Card

Credit Card Number: _____

Expiration Date (mm/yyyy): _____ CVV: _____

Thank you for your support!

