



PILLAR PATRONS

BE A PATRON OF CLASSICAL MUSIC.

WHAT IS A PILLAR PATRON?

By joining our Pillar Patrons Program, you will be able to help XLNC1 have a base income to promote and add new programming to the station for just pennies a day.

You can spread out your annual contribution into 12 easy payments.

Once the full amount is disbursed, your donation will automatically schedule itself to continue the payments for the following year and keeping your membership active for another year.

Program Requirements

Due to processing fees, the lowest contribution which is allowed by this program is \$7.50 a month.

This program allows you the flexibility to increase your contribution, stop payment or cancel your membership at any time.

WHY JOIN THIS PROGRAM?

-Easy and Secure

All withdrawals from your checking account or credit card are protected from any fraudulent activity. Personal and financial information is not shared or viewed by anyone.

-Active all the Time!

You will never receive a renewal again.

By maintaining your account active, you will help eliminate the cost of mailing, processing, etc..

-You plan ahead!

You determine what amount you contribute each month.

It's a convenient way to budget your donation into your monthly expenses.

HOW TO JOIN THIS PROGRAM?

By filling out the attached form you are giving XLNC1 permission to schedule automatic payments, in the amount you determine every month from your checking account.

Before you mail in the form remember

1. Include voided check
2. Sign & date agreement .
3. Specify the date of withdrawals.

*Questions regarding this program?
E-mail: Membership@xlnc1.org
Phone: 619-575-9090 ext 413*



Yes, I want to become a Pillar Patron of XLNC1.

Name: _____

Address: _____

City _____

State/ Zip: _____/ _____

Telephone: _____

E-mail: _____

I would like to support classical music in my region by donating :

- \$7.50 per month or \$90(minimum)
- \$10 per month or \$120 annually.
- \$15 per month or \$180 annually.
- \$20 per month of \$240 annually.
- \$30 per month of \$360 annually.
- Other \$ _____per month \$ _____annually.

Please withdraw my contribution on the...

- 1st day of the month 30th of the month
- 15th day of the month Other _____

Please enclose a voided check from the account you would like to use to begin monthly transfers.

Agreement:

I agree to authorize XLNC1 to withdraw my monthly contribution in the amount specified above. My authorization to transfer a monthly contribution from my bank shall remain in effect until I notify XLNC1 by mail, phone, or e-mail that I wish to cancel, and allow a reasonable time to accomplish my request. An acknowledgement for my contribution will be sent in December, reflecting the amount contributed in that year.

Signature: _____

Date: _____

_____/_____/____