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| <input type="checkbox"/> <b>\$5,000 - \$9,999</b> <i>BENEFACTOR</i>  | <input type="checkbox"/> <b>\$50,000 +</b> <i>CHAIRMAN'S CIRCLE</i>           |

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Name (Please print your name as you wish it to be listed in our donor honor roll)

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| <input type="checkbox"/> My check for \$ _____ is enclosed.       | <input type="checkbox"/> For tax purposes, I decline the benefits offered. |
| <input type="checkbox"/> Please bill my credit card for \$ _____. | <input type="checkbox"/> I/We wish to remain anonymous.                    |

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Credit Card #

Exp. Date

**Please mail your donation to:**

**PATRON NETWORK  
NJ PBS  
PO Box 5776  
Englewood, New Jersey 07631**

**Thank you for your support!  
For more information, call our dedicated Patron line  
at 973.233.8866  
or email us at [NJTVpatrons@njtvonline.org](mailto:NJTVpatrons@njtvonline.org)**