MAIL-IN DONATION FORM

To donate by mail, please complete this form and send with your check or money order payable to PBS SoCal or KCET to:

PBS SoCal | KCET
Attn: Membership
PO Box 33816
Los Angeles, CA 90033-0816

DONOR INFORMATION

Name (Title / First / Last): __________________________________________
Billing Address: _______________________________________ Unit/Apt#: __________
City: __________________________ State: _____ Zip/Postal Code: ____________
Phone: _________________________ Email: ________________________
(An email address is required to access PBS Passport.)

GIFT INFORMATION

Donate at least $5/mo. or $60 annually and you’ll automatically receive access to PBS Passport.

One Time Donation Amount:
☐ $60  ☐ $75  ☐ $100  ☐ $250  ☐ $500  ☐ $1,000  ☐ Other $________

OR Monthly Donation Amount:
☐ $10/mo.  ☐ $25/mo.  ☐ $50/mo.  ☐ Other $______/mo.

Method of Payment:
☐ Check/Money Order  ☐ Visa  ☐ MasterCard  ☐ American Express  ☐ Discover

Credit Card Number: __________________________________________________
Expiration Date (mm/yyyy): __________________________ Security Code: _____________
Authorized Signature: ______________________________________________________

THANK YOU FOR YOUR SUPPORT!