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 6009
Whittier, CA 90607-6009

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!