

Show your support for nonprofit media!

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 / F	rst / Last):						
Billing Address:					Unit/Apt#:			
					_State:	Zip/Postal Code:		
Phone:				Email:	(An email address is required to access PBS Passport.)			
GIFT INFORMATION								
Donate at least	\$5/mo. d	or \$60 aı	nnually and	you'll autor	matically rece	vive access to PBS Passport.		
One Time Dor	nation Ar	mount:						
□ \$60 □ \$	575 	l \$100	□ \$250	□ \$500	□ \$1,000	☐ Other \$		
OR Monthly D	onation	Amoun	t:					
□ \$10/mo.	\$10/mo.		mo.	☐ \$50/mo.		☐ Other \$/mo.		
Method of Pa	yment:							
☐ Check/Mor	ey Order	- □ Vis	sa 🗆 Mast	terCard 🗆] American E	xpress Discover		
Credit Card Nu	mber: _							
Expiration Date (mm/yyyy):					Security Code:			
Authorized Sigi	nature:							

THANK YOU FOR YOUR SUPPORT!