

## Show your support for nonprofit media!

## **MAIL-IN DONATION FORM**

To donate by mail, please complete this form and send your contribution by check, money order or credit card to:

**PBS SoCal** 

Attn: Membership PO Box 6009

Whittier, CA 90607-6009

## **DONOR INFORMATION**

Name (First / Las	st):			
Billing Address: _			Unit/Apt#:	
City:		State:	Zip/Postal Code:	
Phone:		Email:	dress is required to access PBS Passport.)	
GIFT INFORMATION		(An email ad	ldress is required to access PBS Passport.)	
Donate at least \$5/mo. or \$60 annually and you'll automatically receive access to PBS Passport.				
One Time Dona	ation Amount:			
□ \$60	<b>□</b> \$75	□ \$100	☐ Other \$	
OR Monthly Donation Amount:				
□ \$10/mo.	☐ \$25/mo.	□ \$50/mo.	☐ Other \$/mo.	
Method of Pay	ment:			
☐ Check/Mone	y Order (payable to Pl	3S SoCal)	Card	
Credit Card Num	nber:			
Expiration Date (mm/yyyy):		Se	Security Code:	

## **THANK YOU FOR YOUR SUPPORT!**