

# KPBS Sustaining Member Enrollment and Update Form

PLEASE COMPLETE THIS FORM TO ENROLL AS A SUSTAINING MEMBER OR TO CHANGE YOUR EXISTING CONTRIBUTION AND MAIL IT TO:

KPBS Sustaining Member Program, 5200 Campanile Drive, San Diego, CA 92182-5400

Name: \_\_\_\_\_  SDSU Graduate

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Daytime Phone Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Employer (for matching gift purposes): \_\_\_\_\_

Member# \_\_\_\_\_

## SUSTAINING CONTRIBUTION

- \$5 per month
- \$10 per month
- Dollar-a-Day Club: \$30.42 per month
- Producers Club: \$100 per month
  
- Other: \$ \_\_\_\_\_ per month

## INFLATION GUARD

\_\_\_\_\_ I authorize KPBS to increase my monthly gift by  
initials required 10% on December 31 of each year.

## PAYMENT OPTIONS

**Checking Account:** Direct transfer through Electronic Funds Transfer. I authorize my bank to transfer to KPBS each month the amount entered above according to the terms of agreement below. I have enclosed a **voided** check from the account I wish to use.

**Credit/Debit Card:**  American Express  MasterCard  VISA  Discover

Account #: \_\_\_\_\_ Exp.: \_\_\_\_\_

**Preferred date of transfer:** \_\_\_\_\_ 5th day of the month \_\_\_\_\_ 20th day of the month

**TERMS OF AGREEMENT:** My authorization to charge my credit card or transfer my monthly contribution from my bank shall remain in effect until I notify KPBS that I wish to end this agreement and KPBS has had a reasonable amount of time to act on my request. A record of each payment will be included on my monthly bank or credit card statement and will serve as my receipt. I understand that all gifts provided to KPBS originating as ACH (Automated Clearing House) transactions comply with U.S. law.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## IMPORTANT INFORMATION (Keep this for your records.)

Your authorization for KPBS to charge your credit card or transfer your monthly contribution from your bank remains in effect until you notify KPBS that you wish to end this agreement and KPBS has reasonable time to act on your request. A record of each payment is included on your monthly bank or credit card statement and serves as your receipt. All gifts provided to KPBS originating as ACH (Automated Clearing House) transactions comply with U.S. law.

Your annual membership is ongoing. You may suspend your installment payments at any time by calling (619) 594-6983 or by faxing a note to (619) 594-3812. You may also increase or decrease your installment payments by sending written authorization to:

**KPBS Sustaining Member Program**  
5200 Campanile Drive  
San Diego, CA 92182-5400

Your membership installment payments are ongoing until you ask KPBS to stop them.



**For Office Use Only**  
Last Name: \_\_\_\_\_  
First Name: \_\_\_\_\_  
Membership ID #: \_\_\_\_\_

Middle Name: \_\_\_\_\_

Source code: \_\_\_\_\_  
New Installment Amount: \_\_\_\_\_  
Clerk Initials: \_\_\_\_\_

Change Date: \_\_\_\_\_