

KCUR 89.3 SUSTAINING MEMBER ENROLLMENT FORM

Thank you for choosing to become a sustaining member of KCUR! Please fill out the information below.

M	EMBER NAME(S)			
ADDRESS		CITY/ ST	CITY/ STATE/ ZIP	
PHONE		EMAIL ADDRESS		
Ιā	ERMS authorize KCUR 89.3 to process a coccunt or debit/credit card in the am \$7/month \$10/month Please check here if you are do receive the KCUR MemberCard.	nount of: \$20/month mating \$7/month	Other \$	5/month
_	ONDITIONS understand:	•		
•	This authorization is ongoing, automatically renewing from year-to-year, and will remain in effect until I notify KCUR. Changes to bank transfers (EFT) must be made in writing.			
•	Monthly transfers bank transfers (EFT) will occur on the 5 th day of each month. Debit/credit card charges will occur within the last five days of each month.			
•	For tax purposes, I will receive a summary of my monthly donations at the end of each calendar year.			
S	IGNATURE (sign here to accept t	terms)	<u>r</u>	DATE
C	OMPLETE YOUR SUSTAINING ME	EMBERSHIP ENR	ROLLMENT	:
	☐ For bank transfers (EFT), attach a voided check or other document imprinted with your checking account number from your banking institution.			
	 For debit/credit card, please provide your card information here or online at kcur.org/sustainer: 			
Ca	ard Number (Visa, MasterCard, Disc	over, American E	xpress)	Expiration Date