



KCSM Mail-In Donation Form

Send your completed form and donation to:

If you have any questions, please contact:
KCSM Membership Services
(650) 524-6921 or email: membership\$@kcsm.net

Attn: Accounting
KCSM TV/FM
1700 West Hillsdale Blvd.
San Mateo, CA 94402

I would like my donation to support:		
KCSM Public Television	Jazz 91 Public Radio	TV and Radio

Membership Information:	<input type="checkbox"/> In Memory Of/Honor Of Gift:	<input type="checkbox"/> Gift Membership:
New Member	Name _____	Name _____
Renewing Member	<input type="checkbox"/> Sustaining Membership	Address _____
Additional Donation	Credit Card Only — An automatic monthly charge that continues until you cancel. It's easy, and no more renewal notices! Complete Payment Information Box below.	City _____
Anonymous Donation		State _____ Zip _____

Donation Information:
Donation Amount: \$ _____ Thank You Gift Selected: _____

Payment Information:	Check Enclosed	Visa	MasterCard	AmEx	Discover
Credit Card Number _____	Expiration Mo./Yr. _____				
Credit Card Verification Number: _____	<small>This is the 3 or 4-digit number that appears on the back of your credit card</small>				
Sustainer Membership Payment (Credit Card Only):	\$ _____ charge per month until cancelled.				
Installment Payment (Credit Card Only):	\$ _____ charge per month / number of months _____				
	<small>MAXIMUM of 12 months</small>				

Contact Information:	Mr.	Mrs.	Ms.	Miss	Dr.
First Name _____	Last Name _____				
Address _____					
City _____	State _____	Zip _____	Country _____		
Email Address _____					
Phone Number _____	Home		Work		Cell