

Yes! I wish to become a SDPB Evergreen Member!

Name _____

Address _____

City _____ **State** _____ **Zip** _____

Phone _____

E-mail _____

1. Evergreen Support Option Public TV Public Radio Both

2. Evergreen Installment Options:

_____ Monthly Installments of: \$5 \$10 \$_____ (\$5 minimum per month)

_____ Quarterly installments of: \$15 \$20 \$_____ (\$15 minimum per quarter)

3. Choose your Evergreen payment option:

_____ **EFT: Monthly Bank Deduction**

Enclosed is a voided check, which indicates the account to be debited.

Signature _____

I authorize Friends of SDPB to withdraw from my bank, as directed, the amount indicated according to the terms of agreement on the front.

_____ **Credit Card or Debit Card** Visa MasterCard Discover AMEX

Card # _____ Expiration Date _____

Signature _____

Name on Card _____

I authorize automatic charge payments in the amount indicated according to the terms of Agreement on the front.



1-800-333-0789
SDPB.org/Evergreen