

SUSTAINING MEMBERSHIP ENROLLMENT FORM

Please complete the following and return this form in the enclosed self-addressed envelope **along with a voided check and/or savings account withdrawal form if applicable.**

I, the undersigned, do hereby authorize the Public Radio East Foundation via Craven Community College to deduct payments from my () checking/() savings account on or about the 15th of each month **OR** to charge my () debit/() credit card in the amount and manner as specified below. This authorization will remain in full-force and effect until amended or terminated by written notification to the Public Radio East Foundation. Any previous authorization relating to the Public Radio East Foundation is hereby revoked.

Pledge Amount: \$ _____ Installment Amount: \$ _____
\$5.00/month minimum

Processed: () Monthly/() Quarterly/() Semi-Annually/() Annually

On the _____ day of the month beginning _____

() Visa/() MasterCard Account # _____

Expiration Date _____ 3-digit # in the signature area _____

Name as it appears on the account _____

Signature _____

E-Mail Address _____

Billing Address _____

City/State/Zip _____

Daytime Telephone _____ Date _____

Thank you so much for your Public Radio East Sustaining Membership!