

The fuel that powers KPBX, KSFC and KPZB throughout every hour of the day is YOU.

The simple fact is that the vast majority of the funding it takes to create and share programs comes from you and thousands of other dedicated listeners of the Inland Northwest. Citizens who understand how important it is for everyone to have access to the news, ideas, and information offered here.

Only our members can assure a strong future for public broadcasting. Please do your part to make sure SPR continues to have the resources to serve you – and our entire community –with exceptional ideas and information that enhance and change lives. Thank you for your on-going support!

Name: _____

Address: _____

Phone # _____

Email address: _____

With Basic Membership of \$3.75 a month and Higher:

Quarterly Newsletter:

No guide US mail email link to web-site

SPR DOES NOT TRADE OR SELL OUR MAILING LIST!

Thank you for considering becoming a Sustaining member of Spokane Public Radio.
To become a Sustaining Member, fill out the form below and return it to the station.

AUTOMATIC PAYMENT AUTHORIZATION FORM

Monthly Amount: _____
(min \$3.75 a month)

5th of each month 15th of each month

Auto Bank – EFT I authorize Spokane Public Radio to deduct funds from my account on the 5th or 15th day of each month for the amount above and in agreement with the terms listed below.

- Include a check marked "VOID" or the Routing number and Account number from the account you wish to be debited each month.

Routing number

Account number

Credit/Debit Card I authorize Spokane Public Radio to charge my credit/debit card the 5th or 15th day of each month for the amount above.

Visa MC Discover Amex

Card number

Expires

Name on Card

Signature Required and Terms: My payment information will show up on my bank statement or Credit Card statement and will serve as my receipt. I have the right to have my bank reverse any debit by written notice within 15 days of the bank statement's date, or within 45 days after the debit was made. I can stop participation upon written cancellation.

Signature

Printed Name

Date