

KAFM SPRING 2012 MONTHLY SUSTAINING GIFT FORM

Your gift and membership has never been more important than it is today!

Please completely fill out the following form and mail or drop off at the station and say 'hi'!

Name _____

Email Address _____

Mailing Address _____

Home Phone _____

City _____

Cell Phone _____

State _____ Zip _____

Please Choose One

\$5/month – Family (\$60/year)
KAFM Bumpersticker and button
KAFM Sunshade

\$20/month – Gold (\$240/year)
KAFM Bumpersticker and button
KAFM Sunshade
KAFM T-SHIRT size S, M, L, XL, XXL

\$10/month – Bronze (\$120/year)
KAFM Bumpersticker and button
KAFM Sunshade
KAFM T-SHIRT size S, M, L, XL, XXL

\$30/month – Platinum (\$360/year)

\$15/month – Silver (\$180/year)
KAFM Bumpersticker and button
KAFM Sunshade
KAFM T-SHIRT size S, M, L, XL, XXL
2 Tickets to the Radio Room

\$30/month – Platinum (\$360/year)
KAFM Bumpersticker and button
KAFM Sunshade
KAFM T-SHIRT size S, M, L, XL, XXL
2 Tickets to the Radio Room
Tim Wedel Special Edition KAFM Mug

\$_____/month – Other Support Level

Make every dollar count—I do not need any 'thank you' gifts.

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

Company Name: **KAFM COMMUNITY RADIO**

I (we) hereby authorize **KAFM COMMUNITY RADIO** here in after called COMPANY to initiate debit entries to my (our) Checking Account/ Savings Account (select one) indicated below at the depository financial institution named below, hereafter called DEPOSITORY, and to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

DEPOSITORY

Name (of Bank) _____

Branch _____

City _____

State _____ ZIP _____

Routing Number (first set at bottom of check) _____

Account Number (second set of numbers at bottom of check) _____

This authorization is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

Name(s) _____

Date _____

Signature _____

NOTE: WRITTEN DEBIT AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.

For Bank Withdrawals

MONTHLY PAYMENT OPTIONS

Total Pledge \$_____/month to be paid with

(please circle one)

Visa MasterCard

Visa/MasterCard# _____ - _____ - _____ - _____

Three digit security code on back _____

Name on Card _____

Expiration Date _____

For Visa/MC

KAFM Community Radio 1310 Ute Avenue, Grand Junction, CO 81501 (970) 241-8801 X 201

Please stop by the station anytime M-F 9:00 am – 4:00 pm to pick up your "Thank You" gifts.