



PAYROLL DEDUCTION AUTHORIZATION FORM

Please fill out and mail this form to:
KVCR – Membership

701 S. Mt Vernon Ave., San Bernardino, CA 92410

Department: SBVC CHC DIST

First Name _____ MI _____ Last Name _____

Address: _____

City _____ State _____ Zip Code _____

Phone # _____ Email: _____

Please select:

- I would like to have \$_____ dollars deducted from my paycheck effective _____/_____/_____ to support KVCR. (\$7 minimum per month).
(month / year)

Make check payable to:

Inland Futures Foundation of the SBCCD - KVCR

Mail Address: KVCR-Membership | 701 S. Mt. Vernon Avenue, San Bernardino, CA 92410

- I would like to change my current deduction amount to \$_____ per month.
- I would like to change my area of support (Check boxes below)

Please indicate the areas of support and amount:

- | | |
|--|----------|
| <input type="checkbox"/> KVCR TV - PBS | \$ _____ |
| <input type="checkbox"/> KVCR FM - NPR | \$ _____ |
| <input type="checkbox"/> FNX | \$ _____ |
| <input type="checkbox"/> KVCR Internship Program | \$ _____ |

Automatic Withdrawal Authorization:

I authorize SBCCD payroll to deduct funds from my salary and wages as specified above. This authorization shall remain in effect until I notify KVCR that I wish to change it or end it and KVCR has reasonable time to act on my wishes.

Signature _____ Date _____

All donations to KVCR are accepted and administered by the Inland Futures Foundation of the San Bernardino Community College District, a 501(c)(3) non-profit, tax-exempt organization. Donations are tax-deductible as allowed by law. EIN/Tax ID# 47-1803579

Your email address will be used to send you confirmation of your donation and your member benefits, including access to KVCR PBS Passport.