



Memorial and Tribute Form

Gifts given to KCET "in memory of" or "in honor of" (choose one) another individual

Please accept this contribution in memory/in honor of (please circle one):

In Memory/Tribute: _____

Please inform the following that this memorial/tribute gift was made:

Name: _____

Address: _____

City, State Zip: _____

Donor information:

KCET Member ID #: _____

Name: _____

Address: _____

City, State Zip: _____

Phone: _____

Please charge my credit card in the amount of \$ _____

Credit Card Number: _____

Exp Date: _____

A donation over \$40 may be credited toward a KCET Membership.

Does the Donor want to receive a Membership? _____

Special instructions:

(i.e. Preferred forms of address, Membership benefits, etc.)

Please complete the form and fax to (747) 201-5876

Or mail to: KCET, Gift Planning Office, 2900 West Alameda Avenue, Burbank, CA 91505