

KQED

Memorials and Tributes Form

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

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

Name: _____

Address: _____

City, State Zip: _____

Please send the acknowledgement of this gift to:

Name: _____

Address: _____

City, State Zip: _____

Donor information for gift acknowledgment :

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 \$25 may be credited toward a KQED 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 (415) 553-2349

Or mail to: KQED, Attn: Membership Dept., 2601 Mariposa St., San Francisco, CA 94110