

YES! Please sign me up for KCAS Radio Friends and Family Partners!

*You can share in our commitment to share God's love and edify the believer. When you participate, your gift will be transferred conveniently each month from your checking or credit card account directly to KCAS Radio.*



Your gift will go even further because our paperwork will be reduced; our income will be more predictable, putting your gift to work immediately to help the people who are served by our mission.

A record of each gift will appear on your monthly bank or credit card statement. You may increase, decrease or suspend your gift at any time by contacting us at 956-424-9098 or by mailing to PO Box 8106, Mission, TX 78572. All gifts provided to KCAS Radio originating as ACH transactions comply with U.S. law.

**Here's how to join . . .**

1. Use this form to indicate the amount you want to contribute each month from your account. Indicate amount here and keep for your records: \$ \_\_\_\_\_ on the \_\_\_ 5<sup>th</sup> or \_\_\_ 20<sup>th</sup> of each month.
2. Be sure to sign your name and indicate the date.
3. Return the completed enrollment form with a check for your first month's gift or your credit card information. Your **Friends & Family Partners** gifts will begin transferring in about four weeks.

*KCAS Radio Thanks You for Your Generous Gift!*

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**YES! Please sign me up for KCAS Friends & Family Partners!**

With a monthly gift of: \_\_\_\_\_ \$10 \_\_\_\_\_ \$20 \_\_\_\_\_ \$30 Other: \$ \_\_\_\_\_

On the: \_\_\_\_\_ 5<sup>th</sup> or \_\_\_\_\_ 20<sup>th</sup>

Enclosed is a check for my first month's gift. Please transfer my monthly gifts from my checking account. I understand my future gifts will be transferred directly from my account.

**OR**

Here is my credit card information. Please transfer my monthly gifts from my credit card. I understand my future gifts will be transferred directly from my credit card. **We accept Visa, MasterCard, Discover and American Express.**

Card#: \_\_\_\_\_

Exp. Date: \_\_\_\_/\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

For Office Use Only: \_\_\_\_\_

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