

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 from your checking or credit card account directly to KCAS Radio, based on your selection. A record of each gift will appear on your monthly bank or credit card statement.



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.

CONTACT

Name(s): _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email(s): _____ Phone: (____)____-_____

GIFT INFORMATION

Please Process my Gift: ☐ One-time ☐ Monthly ☐ Quarterly ☐ Semi-Annually ☐ Yearly

Please Process my Gift on the: ☐ 5th of the month ☐ 20th of the month

Please apply my gift to: \$_____ KCAS Radio (General Operating)

\$_____ Urgent Beacon and Tower crew (Balance \$2,300)

\$_____ Uninterrupted Power Supply (132) Batteries (\$2,600) \$_____ Total Gift

Please process my first gift on ____/____/____(mm/dd/yyyy)

Comments: _____

PAYMENT INFORMATION

☐ Enclosed is a voided check for my gift. Please transfer my gift from my checking account **OR**

☐ My credit card information is listed below for my gift. Please transfer my gift from my credit card.

Card Number _____ Expiration Date ____/____



☐ Yes! I wish 100% of my donation amount to go to KCAS. I would like to pay the 4 % credit card or \$0.25 ACH processing fee associated with my donation.

I understand my future donations will be transferred directly from my account as stipulated above. I understand that I may increase, decrease, or suspend my gift at any time through the online donation form at www.kcasradio.org or by contacting KCAS Radio at 956-424-9098. All donations provided to KCAS Radio comply with U.S. Law.

For Office Use Only

\$ _____ Processing Fee Amount (4% for Credit Card gifts or \$0.25 for Checking Account gifts)

\$ _____ Total Donation Amount
(required)(Donation Amount specified above + Processing Fee Amount)

Signature (Required) _____ Date _____

Please make a copy of this form for your records or you can request a copy from KCAS Radio

Mail Completed Form to:

KCAS Radio • 4301 N. Shary Road • Palmhurst, TX, 78573 • (956) 424-9098 • www.kcasradio.org

OR

Fax To: 956-287-6701