

MEMBER CARD PARTNER PROGRAM

Rhode Island PBS Gift Membership Form

Please assign my complimentary, one-year Rhode Island PBS Supporting Membership to the following:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: (____) _____

Email: _____

Please return this Rhode Island PBS Gift Membership form with your signed Member Card Partner Agreement.

Rhode Island PBS
50 Park Lane
Providence, RI 02907

*For membership information, please contact us at:
(401) 222-3636 ext 204 or www.RIpbs.org*