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__ checking acct. __ savings acct.

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account number

I authorize the bank to transfer from my bank account each month the amount shown above. Debits will begin the following month, on or about the 5th of the month, and will continue until I notify Wisconsin Public Television otherwise.

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Please mail to:

Wisconsin Public Television, Member Services
821 University Ave., Madison WI 53706

Tell us what you think.

We invite you to enclose any comments about WPT or tell us your favorite programs when you mail this form.

Thank you! Your membership support means more great programs for you, for your family and for your friends.

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To contact us:

Call us weekdays from 9 a.m. to 5 p.m.

608-265-8658 in Dane County
866-822-2634 toll-free

Write to us.

Wisconsin Public Television, Member Services
821 University Ave., Madison WI 53706

Send us an e-mail.

comments@wpt.org

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Comments:

