



Dear Fellow Clark County School District (CCSD) Employee,

Welcome to the Clark County School District! Like you, Vegas PBS is a part of the CCSD. We are a self-funded, donor supported television station serving Las Vegas for 50 years. Vegas PBS provides thousands of educational workshops to CCSD students each year, as well as professional training to CCSD teachers. It is our hope that you will consider supporting public television in our community by becoming a member of our broadcast family.

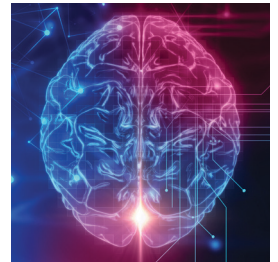
All Vegas PBS members receive 12 monthly issues of the *Vegas PBS Source* magazine, keeping you up to date on your favorite public television programs. When you donate \$2.50 or more per paycheck for the year you become a Sustainer. Upon providing us your email, you will also receive special notices about upcoming programs, concerts, trips and events through our bi-weekly Engage e-newsletter. You will also be eligible for Vegas PBS Passport, our streaming, on-demand library featuring the very best of PBS. Watch individual episodes or entire seasons on any device, whenever you wish.

To become a Vegas PBS member, simply complete the following payroll deduction form and then mail or fax it to the CCSD Benefits Department. Your generosity will be repaid many times over with high quality television programming for you and our entire community.

If you have any questions, please feel free to contact the Vegas PBS Membership Department at 702.737.7500. We appreciate you for considering a financial contribution to support public television. And congratulations on your new position!

Thank you for your support,

Margaret Ann Schneweis
Membership Manager



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I'll Do It!

I want to become a Vegas PBS member today to help public television continue to provide the highest quality programming for every adult and child in Southern Nevada. Please enter my tax-deductible membership at the amount I have indicated.

CHECK ONE BOX ONLY

Payroll Deduction in the amount of _____ per pay period Effective Date _____

Social Security No.

A one-time payroll deduction in the amount of _____

PLEASE PRINT:

Location

Name _____

Address _____ City _____ State _____ Zip Code _____

Email _____ Phone _____

Signature _____ Date _____

Authorize my contribution to begin and to remain in effect until changed or canceled by me.