

Neighborly Assistance Program

Name: _____ Acct. No.: _____

Address: _____ Phone No.: _____

My choices for participation in the Neighborly Assistance Program are indicated below. This **replaces** any previous pledges.

I prefer to be billed, beginning with my next statement, as follows:

Please bill \$ _____ for _____ months.

Please bill \$ _____ every month until I contact the PUD to cancel.™

I prefer a one-time contribution of \$ _____

I want my one-time or monthly contribution to go to:

\$ _____ to Olympic Community Action Programs

\$ _____ to Sequim Community Aid

\$ _____ to Sequim St. Vincent de Paul

No change. I am satisfied with my existing contribution arrangement.

Signature: _____ Date: _____

Please include this form with your PUD bill.