

Neighborly Assistance Program

You can help neighbors in need by donating to this fund. Indicate how you would like to contribute and your choice of agency on the card below. Please clip and enclose this card with your PUD payment or drop off at your nearest PUD office. *(If submitting with payment, only one payment is necessary for both your contribution and your PUD bill.)*

Name: _____

Acct. No.: _____ Phone No.: _____

Address: _____

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

- Please bill \$ _____ every month, beginning with my next statement, 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 Port Angeles St. Vincent de Paul

\$ _____ to Sequim Community Aid

\$ _____ to Sequim St. Vincent de Paul

Signature: _____ Date: _____