



PROJECT HELP DONATION FORM

By signing below, I agree to donate the specified amount either **each month** on my DREMC electric bill until further notice OR make a **one-time donation**. I understand that my donation to DREMC's Project Help program will assist qualifying elderly, disabled, and those who are not economically self-sufficient afford the cost of their energy bills and that the funds I donate will help those who live in my community.

Please print clearly.

NAME (as it appears on your DREMC account): _____

BILLING ADDRESS: _____ **CITY, STATE, ZIP:** _____

DREMC MEMBER / ACCOUNT NUMBER: _____

PLEDGE INFORMATION

Please check below which donation option you wish to make. If you choose to donate **each month** on your electric bill, the amount you circle will be added to your monthly DREMC bill. This amount may be changed or discontinued at any time. If you choose to make a one-time donation, please include your payment and indicate the amount of your donation.

SUGGESTED MONTHLY DONATION AMOUNTS (please circle one)
\$1 \$5 \$10 \$25 \$50 \$100 OTHER \$ _____

I do not wish to make a monthly contribution, but I would like to make a one-time donation to Project Help. I have enclosed the amount of \$ _____ as my contribution.

Designated county for this donation: _____

SIGNATURE: _____ **DATE:** _____

PLEASE RETURN THIS FORM TO YOUR LOCAL DREMC OFFICE. *Thank you!*