

PROJECT EUAP CONTRIBUTION OFFER



Please complete and mail this form to:

ECUA
P O BOX 15311
PENSACOLA, FL 32514-0311

Your dollar or more each month will help the elderly, disabled, and others on fixed incomes who qualify to receive emergency utility service. By checking “Yes, I agree to contribute one dollar per month,” one dollar will be added to your utility bill and designated as a PROJECT EUAP donation. Give the one check that means so much.

Please check one of boxes below:

YES

I agree to contribute one dollar per month to PROJECT EUAP.

NAME: _____

ADDRESS: _____

ACCOUNT NUMBER: _____

SIGNATURE: _____

OR

YES

I agree to contribute a one-time donation of:

\$ _____

NAME: _____

ADDRESS: _____

ACCOUNT NUMBER: _____

SIGNATURE: _____