

## Consumer Authorization Form

Yes, I want to be a part of members helping members and contribute to RECare.

\_\_\_\_\_ I will make a one-time contribution to RECare. My check is enclosed.

\_\_\_\_\_ I will contribute \$\_\_\_\_\_ per month to RECare. I understand that this amount will be automatically added to my monthly electric bill.

\_\_\_\_\_ My gift is a matching fund gift. The matching fund is \$\_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_

ACCOUNT NUMBER \_\_\_\_\_

STATE \_\_\_\_\_ ZIP \_\_\_\_\_

For questions, please call the NVREC office at (712) 755-2166

Please mail to:

**RECare**

Nishnabotna Valley Rural Electric Cooperative

P.O. Box 714

Harlan, IA 51537



A Touchstone Energy® Cooperative 