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Signature:	\$ to Sequim St. Vincent de Paul	\$ to Sequim Community Aid	\$ to Port Angeles St. Vincent de Paul	\$to Olympic Community Action Programs	I want my one-time or monthly contribution to go to:	☐ I prefer a one-time contribution of \$	☐ Please bill \$ every month, begin statement, until I contact the PUD to cancel.	☐ Please round up my bill to the r	My choices for participation in the Neighborly Assistatindicated below. This replaces any previous pledges.	Address:	Name:
Date:	nt de Paul	ity Aid	√incent de Paul	nity Action Programs	tribution to go to:	of \$	every month, beginning with my next the PUD to cancel.	$\hfill\square$ Please round up my bill to the next dollar and contribute to OlyCAP.	My choices for participation in the Neighborly Assistance Program are indicated below. This replaces any previous pledges.	Phone No.:	Acct. No.: