

Neighborly Assistance Program

Name: _____ Acct. No.: _____

Address: _____ Phone No.: _____

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

- Please round up my bill to the next dollar and contribute to OlyCAP.
- 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: _____