

RECare

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, State, Zip Code _____

Please Mail To: **RECare**

Woodbury County REC

PO Box 566

Moville IA 51039