

# I want to help my neighbors!

I wish to participate by making a:

\_\_\_\_\_ Monthly contribution – please add the amount checked below to my monthly utility bill.

\_\_\_\_\_ \$1    \_\_\_\_\_ \$3    \_\_\_\_\_ \$5    \_\_\_\_\_ \$10    Other \$ \_\_\_\_\_

\_\_\_\_\_ One time donation  
Amount of donation \$ \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Town Utility Account # \_\_\_\_\_

Telephone Number \_\_\_\_\_

\_\_\_\_\_  
Signature Date

Please return this form to:

Town of Apex  
PO Box 250  
Apex, NC 27502