
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 _____

NVREC ACCOUNT NUMBER _____

ADDRESS _____ CITY _____

STATE _____ ZIP _____

Please mail to: RECare, Nishnabotna Valley Rural Electric Cooperative,
P.O. Box 714, 1317 Chatburn Ave, Harlan, IA 51537

Call today for more information about this program (712) 755-2166.

