



Good Utility Neighbor Contribution Program Fund Donation Form

The City of Lockhart is now a sponsor of the Good Utility Neighbor Contribution Program Fund, a program to assist eligible customers who are having difficulty paying their utility bill. Voluntary contributions from customers like you fund this program. This program will be administered by Community Action, Inc., of Central Texas on the City's behalf, Community Action establishes eligibility requirements to receive assistance. Every dollar helps! When the fund reaches \$5,000, the program will begin helping those customers that qualify and need help sometimes paying their utility bill.

Donors can make one-time donations or pledge a reoccurring monthly donation. To donate, please complete and return this form by mail to the City of Lockhart Utility Customer Services Department at PO Box 239, Lockhart, Texas 78644, or in person at City Hall, 308 W. San Antonio Street, Lockhart, Texas.

DONOR NAME: _____

UTILITY ACCOUNT NUMBER: _____

ADDRESS: _____

CITY: _____

STATE: _____

ZIP CODE: _____

PHONE NUMBER: _____

EMAIL ADDRESS: _____

ONE-TIME DONATION (MAKE CHECK PAYABLE TO CITY OF LOCKHART): \$ _____ (please only enter whole dollar amounts)

REOCCURRING MONTHLY DONATION:

I voluntarily would like to pledge to the Good Utility Neighbor Contribution Program Fund each month. I understand that my pledge will be added to my monthly bill and can be cancelled with proper notice at any time by contacting the City of Lockhart Utility Customer Service Department.

___ \$1.00 per month

___ \$3.00 per month

___ \$5.00 per month

___ other amount per month

\$_____ per month (please only enter whole dollar amounts)

By signing below, I hereby authorize my above pledge amount for a monthly reoccurring donation to be added to my monthly bill. I acknowledge submittal of this form authorizes the additional amount to be billed to my account. With 30-day notice to the City of Lockhart Utility Customer Service Department, the deduction can stop or the amount changed at my request.

Signature of Monthly Pledge Donor

Date