



Customer Assistance Program Donation Request Form

Account Information (Not needed for one time donation)

Account Number: _____
First Name: _____ Last Name: _____
Contact Phone: _____ Email Address: _____
Service Address: _____
City: _____ State: GA Zip: _____

___ Check here if mailing address is the same as the service address.

Mailing Address: _____
City: _____ State: ___ Zip: _____

Donation Information (Choose one or more)

___ Please **round up** each monthly statement to the nearest dollar.

___ Please add the following **monthly gift** amount to each future statement: _____.

___ Please add the following **one-time gift** amount to the next statement: _____.

___ Please accept the included **one-time gift** amount: _____.

I choose to commit to this tax-deductible donation to help those in our community that have demonstrated a critical financial need in order to help them continue to receive life-sustaining utility service. I understand that my pledge will also benefit the recipient with short-term budgetary and related financial counseling provided by Coastal Georgia Community Action Authority (CGCAA), the contracted administrator of the Customer Assistance Program of the BGJWSC. I understand that the record(s) of my donation will be maintained by the CGCAA in order to facilitate annual tax benefit notice that will be sent to me in regards to this charitable contribution.

I understand that any recurring charge will be my responsibility to pay until I complete a donation cancellation request or the service account closes.

Printed Name

Signature

Date