

Co-Op Contribution Form

- **Step 1: Print this page and fill out the information in the space provided.**
- **Step 2: Select a contribution option.**

OPTION 1. Automatic Monthly Contribution

I want to help by contributing each month the amount I've marked, to be added to my monthly total electric payment:

\$25 \$10 \$5 \$1 \$_____ (other amount)

NAME

ADDRESS

CITY, STATE, ZIP

COMPANY ACCOUNT NUMBER FROM YOUR ELECTRIC BILL

SIGNATURE

OPTION 2. Direct Contribution to an Individual Program

Please make check payable to the **Salvation Army**.

- **Step 3: Send the completed form (and your check if you selected Option 2) to:**

FirstEnergy Human Services
P. O. Box 16001
Reading, PA 19612-6001

Thank you for your contribution!

Note: Customer grants are applied directly to utility bills. Assistance dollars are never given directly to recipients.