

## Consumer Authorization Form

Yes, I want to be 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 fund is a matching fund gift.  
The matching fund is \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_

WIPCO Account #: \_\_\_\_\_

Mail to:

Western Iowa Power Cooperative

PO Box 428, Denison IA 51442