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.