



CONSUMER AUTHORIZATION FORM

YES! I would like to be a part of "Members Helping Members" and contribute to RECare.

Monthly Pledge \$1.00 \$2.00 \$5.00 Other _____
(I understand that this amount will be automatically added to my monthly electric bill.)

One-time contribution \$ _____ (Checks should be made out to RECare, c/o Hawkeye REC)

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Billing Number: _____



Thank you for your contribution.

Please return to:



**PO Box 90
Cresco, Iowa
52136-0090**

Your Touchstone Energy® Cooperative