



Helping Hand Program

I would like to provide the following person(s) a credit of \$ _____
on their Service Authority Account.

* Recipient's Name (Please Print)

* Account # (If Available) Or Recipient's Phone Number

* Property Address

* Your Name

* Your Daytime Phone Number

* Your Address

* Enclosed is my check or money order made payable to PWCSA for the above amount.

I wish to remain anonymous

* - Required Information.