

## HAND Program Pledge Form

Name:

Street Address:

Account Number:

SERVICE ADDRESS			
1313 MAIN STREET			
ACCOUNT NUMBER	CYCLE	BILL DATE	DUUE DATE
11111 - 99999	16-04	12/13/2007	01/15/2008

Email Address:

Phone Number:

Yes, I want to help by contributing to the HAND Program. By submitting this form, I am requesting that the City add \$  per month contribution to my City of Loveland utility bill until I indicate otherwise. (There is a minimum \$1 per month contribution.)

Please complete this form and email to [Valerie.Beam@cityofloveland.org](mailto:Valerie.Beam@cityofloveland.org) - Thank you for helping!