

**APPLICATION FOR PARTICIPATION IN
THE "WARM" PROGRAM:**

I wish to participate in the "WARM" Program by having my utility bill rounded up to the next dollar amount.

I wish to make a one-time contribution to the City of Laurinburg in the amount of \$_____.

I wish to make a monthly contribution of \$_____.

Name: _____

Address: _____

City: _____

Utility Account # _____

Telephone # _____

CUSTOMER SIGNATURE: _____

DATE: _____