



DONATION ENROLLMENT FORM

Customer Name: _____

Service Address: _____

Account Number: _____

Phone: _____ Email: _____

I would like to enroll in the **Love Your Neighbor Water Assistance Program** and agree to add a fixed donation in the amount of:

\$_____ (whole dollars only)

to my monthly Town of Clover water bill.

I understand that this is a voluntary donation and that I may opt-out at any time. The Town will not reimburse me for any donation that has already been received. If the donation amount is paid by credit card, transaction fees will apply.

Failure to pay the donation amount will not constitute a delinquency for the purposes of determining water cut-off for non-payment.

Customer Signature: _____ Date: _____

**COMPLETE THIS FORM. SAVE TO YOUR COMPUTER AND EMAIL TO
JKNIGHT@CLOVERSC.ORG. OR PRINT AND SIGN AND RETURN TO TOWN HALL, 116
BETHEL STREET DURING NORMAL OPERATING HOURS OR IN THE DROP BOX.**

For Office Use Only:

Date Received: _____ Date Entered: _____ By: _____