

Yes, I agree to help those in need through Project SHARE.

Name:	Phone #(s):					
Address:	_City:				St:	Zip:
Account #:		_				
Email:		-1				
Amount I wish to donate to Project SHARE each mor	nth:	\$1	\$2	\$5	Other (	(please specify)
Signature:		_				

Please drop this form off at any of our service centers, or mail to: CAEC Customer Service, 103 Jesse Samuel Hunt Blvd. Prattville AL 36066









