

***Yes, I want to participate in Project SHARE***

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Acct. No. \_\_\_\_\_ E-Mail \_\_\_\_\_

Amount of mo. contribution: \_\_\_\$1 \_\_\_\$2 \_\_\_\$5 \_\_\_Other \$\_\_\_

Signature \_\_\_\_\_

*Please mail this coupon (do not include with bill) or drop it off.*

**CAEC Customer Service, P.O. Box 681570, Prattville, AL 36068.**