HELPING HANDS

Alachua Cares

Please indicate the type of pledge desired.

Monthly: (circle) $1.00 $2.00 $5.00 Other: $_____

Round up my monthly bill to the next dollar: _____

One-time donation: $_____

Utility Account Number: _____

Name: _____

Address: _____

Signature: _____

Mail to: **City of Alachua**

P. O. Box 9

Alachua, FL 32616-0009