

Ruth Volunteer Fire Department

Monthly Water Bill Contribution Authorization Form

Date: ____/____/____

*Name: _____

*Address: _____
Street City State Zip

*Who is the local water authority from which you receive service? _____

*Account Number: _____

By signing and returning this form, I (the undersigned) state that I would like to make a tax-deductible, **monthly** contribution to:

Ruth Volunteer Fire Department

P.O. Box 392

Arab, AL 35016

for the amount I have chosen below.

*(Please circle one): \$3 \$6 \$9 \$12

Our service, as a fire department, is to protect lives and property, and also maintain the lowest ISO rating possible for residents.

Please return this completed form to your local water authority.

*Signature

Thank You!