

Make A Donation Form

Please return this form with your next water bill payment, or mail to KLB.

Water Bill Account Number (If available):

Name on Account:

Address:

Can we depend on you for? \$2 \$5 \$10 \$20 Other: \$

Remember, this amount will be deducted from your account each month until you notify Customer Care that you are no longer interested. Thank you.

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