



RECare Contribution Form

Please include completed form with your next monthly payment or detach and mail to:

RECare - ECI REC
2400 Bing Miller Lane
PO Box 248
Urbana, IA 52345-0248

Contact Information

ADDRESS:
2400 Bing Miller Lane
PO Box 248
Urbana, IA 52345-0248

PH: 319-443-4343
TOLL FREE: 877-850-4343
FAX: 319-443-4359
E-MAIL: ecirec@ecirec.coop
WEB SITE: www.ecirec.coop

Hours

MONDAY-FRIDAY: 7:30 a.m. to 4:00 p.m.
Closed Saturdays, Sundays, and holidays

Help fellow members stay warm in winter



[facebook.com/eastcentraliowarec](https://www.facebook.com/eastcentraliowarec)

East-Central Iowa Rural Electric Cooperative
is an equal opportunity provider and employer.

CS-0029 11-18-24



A Touchstone Energy® Cooperative 

Members Help Other Members Through RECare

East-Central Iowa REC has established RECare, a program that facilitates members helping other members. RECare provides funds to local community action agencies that then distribute the assistance to low-income members. Your support helps pay winter heating bills and assists in the weatherization of homes.

If you choose to make a monthly pledge or a one-time contribution, it will be automatically added to your electric bill. Even one dollar a month helps others!

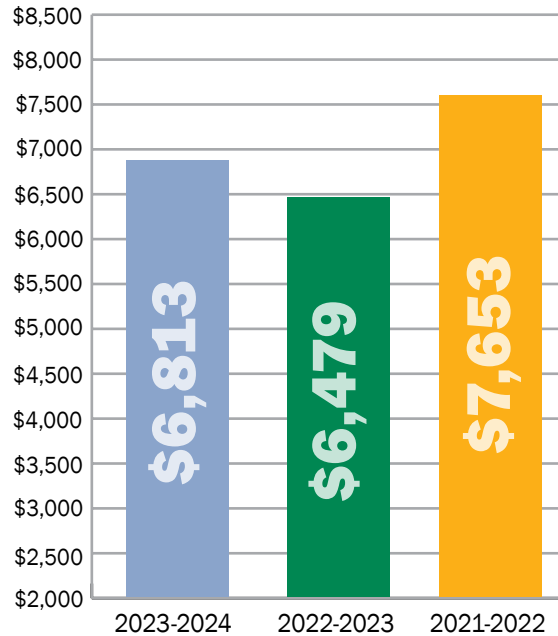
RECare Fast Facts

- From 2021 through the fall of 2024:
 - \$20,105 in RECare donations helped 46 families with winter heating costs.
 - During this period members contributions totaled \$20,945.
 - The families who were helped in during this time frame received an average of \$437 per family.

Join RECare Today!

- The RECare enrollment form is available at ecirec.coop as a PDF that you can turn in via email. Rollover Your Electric Bill and Member Programs and then choose RECare.
- Or you can fill out the form to the right, clip, and return it to ECI REC.

RECare CONTRIBUTIONS (calculated yearly from July to June)



Yes, I want to be a part of members helping others and contribute to RECare.

- I will make a one-time contribution to RECare.
- I will contribute \$_____ per month to RECare. (I understand that this amount will be automatically added to my monthly electric bill.)
- My check is enclosed. (Payable to ECI REC.)

Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Account Number: _____

Email: _____

