

RECare



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
Closed Saturdays, Sundays, and holidays

OFFICE
8:00 a.m. to 4:30 p.m.

**LINE DEPARTMENT &
MEMBER SERVICES DEPARTMENT**
7:00 a.m. to 3:30 p.m.

Help fellow members stay warm in winter



facebook.com/eastcentraliowarec

CS-0029 8-24-12



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 member-consumers. 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!

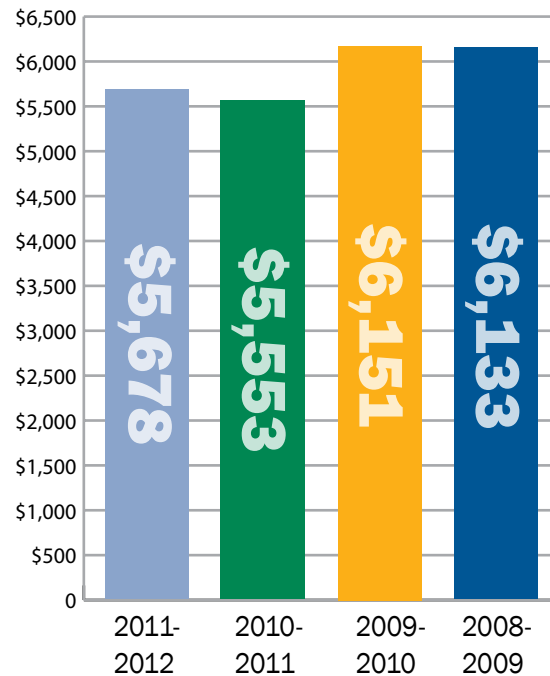
RECare Fast Facts

- RECare donations are increasingly important—the number of members-consumers who needed assistance in 2010-2011 was up 17 from 2009-2010.
- Members' 2010-2011 and 2011-2012 contributions were down nearly \$600 from 2009-2010 and 2008-2009.
- Of the \$5,553 donated in 2010-2011, \$5,187 was distributed to 46 ECI REC member-consumers in need, an average of \$112.76 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 Supported Programs and choose RECare.
- 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: _____

