

The Ark Contributions Application Form

Name: _____ Telephone: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Monthly Contribution Amount: \$ _____ Beginning: _____

Water Billing Account Number: _____

Signature: _____ Date: _____

Please send an annual financial statement of my contributions to the above address:

Yes _____ or No _____