



Arab Education Foundation

PO Box 626
Arab, Alabama 35016

Promoting and Supporting the Instructional
Programs and Activities of the Arab City Schools

WATER BILL CONTRIBUTION AUTHORIZATION FORM

Name: _____

Service/Street Address: _____

Account Number: (not required) _____

Phone Number: _____

Monthly Contribution: [] \$2.00 [] \$4.00 [] \$8.00 [] Other \$ _____

Signature: _____

I UNDERSTAND THAT BY SIGNING ABOVE I AM AUTHORIZING THE ARAB WATER WORKS TO ADD ABOVE SELECTED AND/OR WRITTEN AMOUNT TO MY WATER BILL EACH MONTH SO THAT MONEY MAY BE DIRECTED TO THE ARAB EDUCATION FOUNDATION. I UNDERSTAND I MAY CANCEL THIS AT ANY TIME BY NOTIFYING THE ARAB WATER WORKS.

Thank you for your support of the
Arab Education Foundation