**Stringer Water Association members: ACCT #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please check the appropriate box and sign name below.**

**YES –** I agree to be billed $1.00 each month for the

Stringer Volunteer Fire Department

**NO –** I do not want to be billed $1.00 each month for the

Stringer Volunteer Fire Department

**–** I would prefer to give $\_\_\_\_\_\_\_ each month to

Stringer Volunteer Fire Department

**SIGNATURE**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_