

See what a difference Caring Neighbors makes in the lives of those in need.



What is Caring Neighbors?

Caring Neighbors is a program sponsored by LaFollette Utilities to help customers who are less fortunate pay their utility bills. Funds for the program come from voluntary contributions made by customers each month or as a one-time donation. It is an emergency assistance fund. It is not intended to be an ongoing source of extra income, but a

temporary help to be used for paying utility bills.

LaFollette Utilities collects the funds and an independent Board of Directors certifies the eligibility of the recipients and disburses the funds, all of which goes directly toward helping less fortunate residential customers.

Who Receives Help?

Those eligible to receive help through Caring Neighbors are those on limited, fixed incomes;



the handicapped; the medically disabled; and those

not currently economically self-sufficient. The number of persons who can be helped depends on how much the rest of us are willing to give. LaFollette Utilities matches a portion of customer contributions each month.

How can I help?

You can donate \$1, \$2, or more each month, conveniently added to your utility bill. Or, you can make a one time donation.

Simply complete the sign-up form on this brochure and return it to LaFollette Utilities or call our office at 1-423-562-3316 or 1-800-352-1340 to sign up.

On behalf of all those less fortunate, thank you for your support of our "Caring Neigh-



Caring Neighbors



LaFollette Utilities
P.O. Box 1411
LaFollette, TN 37766
(423) 562-3316 or
(800) 352-1340



LaFollette Utilities
www.lub.org

If you have any questions about this
or any other LaFollette Utilities
program, contact our office at

(423) 562-3316
or
1-800-352-1340

*You may discontinue your
participation in Caring Neighbors at
any time by calling 423-562-3316*

Caring Neighbors Sign-up Form

Yes, I want to donate each month to the Caring Neighbors assistance program. By signing below, I authorize LUB to add the amount indicated to my electric bill monthly until I notify LUB otherwise.

Name: (as it appears on LUB account) _____

Address: _____

LUB Account Number: _____ Monthly Donation: \$1 _____ \$2 _____ Other _____

One Time Donation Amount \$ _____

Signature: _____ Date: _____