

City of Miramar Utility "loveDROP" Donation Program Contribution Authorization/Opt-in Form

To enroll or change your enrollment in the City of Miramar's loveDROP Donation Program, please complete the information below.

Customer Number: _____ Telephone Number _____
Name (Please Print): _____
Service Address: _____

New Enrollment:

Amount of Monthly Donation: \$1 _____ \$2 _____ \$3 _____ \$5 _____ Other Amount \$ _____

Change Current Enrollment:

If you already participate in the City of Miramar loveDROP Donation Program and do not wish to change your donation, please do not return this form:

I am already enrolled and which to:

_____ Increase my monthly gift to: \$ _____
_____ Decrease my monthly gift to: \$ _____
_____ Withdraw from City of Miramar loveDROP Donation Program

I hereby authorize the City of Miramar to add the amount indicated above to my Utility bill for the City of Miramar loveDROP Donation Program and to continue to do so until I notify the City of Miramar that I no longer wish to participate.

Signature: _____

Date: _____

Please send your completed authorization form to:

City of Miramar
Finance Department – Utility Billing
2300 Civic Center Place
Miramar, FL 33025