



HeatShare

Yes, I want to help in the HeatShare Program.

Please bill me once a month for the **next twelve months** the contribution amount I've indicated below.

\$1.00 per month

\$2.00 per month

\$3.00 per month

\$5.00 per month

Other \$ _____

Name: _____

Address: _____

Date: _____

Account Number

 -

Mail to:

**Customer Service
Roanoke Gas Company
P.O. Box 13007
Roanoke, VA 24030**