



**Winter Assistance for Rocky Mount
“WARM” Program Enrollment Form**

_____ I would like to make a one time donation to the
City of Rocky Mount WARM Program in the
amount of \$_____.

_____ I would like to donate monthly by adding \$_____
to my utility bill.

Name: _____

Address: _____

City: _____

Utility Account # _____

Customer’s Signature: _____

Date: _____

Thanks for your support!