



Helping Hands Program

This form may be printed and mailed to Sam Houston EC at the address below, or it may be faxed to 936.328.1244

Sam Houston Electric Cooperative
P.O. Box 1121
1501 East Church
Livingston, TX 77351

I want to lend a Helping Hand. Please accept this contribution to help Sam Houston Electric Cooperative members when they experience an emergency situation. I understand that the Helping Hands Program is administered by Community Action and benefits only Sam Houston Cooperative Members.

Customer No. _____

Name _____

Phone Number _____

___ Bill my account \$1.00 each month.

___ Bill my account \$_____ each month

___ Enclosed is my contribution of \$_____
(Do not bill my account each month.)