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GOOD NEIGHBOR PROGRAM PARTICIPANT DONATION FORM

Please print so we can be sure to enter the data in our system correctly.

Date: _____

Utility Bill Account #: _____

Customer Name: _____

Service Address: _____

City: _____

Phone Number: _____

Email Address (optional): _____

Your future bills will be rounded up to the nearest dollar to help those in need. This will be effective on your next bill.

Thank you for your donation!