Gift of Light

Recipient's Name: _____

Recipient's Account #: _____

Recipient's Address: _____

Gift Amount: _____

All Gifts of Light are anonymous.
Salt River Electric will credit your gift onto the account of your intended recipient. In the event of a payment issue, we will contact you using the information below

Your First Name: _____

Phone Number: _____

Please return this form, along with your payment, to:
Salt River Electric
PO Box 609
Bardstown, KY 40004

Check or money orders accepted