



CRAIG-BOTETOURT ELECTRIC COOPERATIVE

R U R A L E L E C T R I C

Gift Certificate

Recipient's Name _____

Street: _____

City: _____

State:, _____ Zip _____

Account Number (If Known) _____

Amount of the Gift: \$ _____

Donors Name _____

Street: _____

City: _____

State:, _____ Zip _____

Mail certificate to me

Mail certificate to recipient

I wish to remain anonymous

Payment Method

You may pay by credit card, e-check or make check or money order payable to Craig-Botetourt Electric Cooperative

If Giving by Credit Card

Type of Card: VISA MASTERCARD

Name on Credit Card: _____

Social Security or ID # _____ *CW2 Code _____

Credit Card # _____ Expiration Date _____

Authorized Signature _____ Date _____

**Last 3 numbers from back of credit card in signature area.*