

## **Election to Donate PenTex Energy Capital Credits**

(Name of Claimant)  elect to donate the capital credits assigned by PenTex Energy to the account of  (Name of Account Holder)  to the following (e.g. church, cemetery, charity, school):							
				Address	City	State	Zip Code
				Signature		Date	
				Address	City	State	Zip Code
Phone Number	Em	Email Address					
(To be complete	ed by PenTex Energy Representativ	e)					
Above claimant has provided pertinent d Energy account number	locumentation to establish ov	vnership of said	d PenTex				
PenTex Energy Representative:		Date:					