

contributions

"every S.L.A.A. group ought to be fully self-supporting..." ~Seventh Tradition

Type of Contribution: *Please check one.* Please send acknowledgement: yes no

GROUP/INTERGROUP
(Use sections A,B,C)

INDIVIDUAL
(Use section B)

RECOGNITION OF AN EVENT
(Use sections B&C)

Section A: *Please print group/intergroup information.*

Meeting Day & Time: _____

Group Name: _____

Meeting Location: (City/State) _____

Section B: *Please print all acknowledgement information and/or credit/debit card holder Information.*

Name to which contribution should be attributed: _____

Address: _____

Enclosed is a check(s) or money order(s) made payable to: **The Augustine Fellowship** in the amount of \$ _____.

Please charge my credit/debit card \$ _____

Please charge my credit/debit card \$ _____ per month for _____ months.

(You will be charged on the 15th of the month. We will send you a notice 1 week prior.)

(Complete card information below)

Section C: *Please check appropriate box(es) & print specific information regarding reason for donation.*

Reason for contribution: (check one)

Regular group/Intergroup Contribution

Years of Sobriety

F.W.S. Appeal

___ Anniversary

___ Birthday

___ Years of Recovery

Gratitude

The passing of _____

Marriage of _____

Regular Individual Contribution

Group/Intergroup Challenge Contribution

Acknowledgement of Member Milestone: (be specific below)

Other _____

(Please note that it is S.L.A.A.'s policy that \$12,000 is the maximum amount an individual may contribute per fiscal year-please refer to the S.L.A.A. 60/40 pamphlet for more details.)

Our primary purpose is to carry the message to the addict who still suffers.

for credit/debit card orders ONLY!

VISA

MasterCard

Exp. date ____/____

Account Number

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Name on Credit Card (please PRINT) _____

Signature _____

Billing Address (if different from shipping) _____

Telephone# _____

E-mail _____