

Contributions

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

Select Contribution Type:

Send Receipt? Yes  No

GROUP/INTERGROUP Please print Group/ Intergroup information.

Group/Intergroup Name: \_\_\_\_\_
Group/Intergroup ID Number: \_\_\_\_\_
Meeting Day & Time: \_\_\_\_\_ Meeting Location: (City/State) \_\_\_\_\_

Group/Intergroup Contribution Amount ..... \$ \_\_\_\_\_

INDIVIDUAL:

Name to which contribution should be attributed: \_\_\_\_\_
Address: \_\_\_\_\_

Individual Contribution Amount ..... \$ \_\_\_\_\_

Event or Milestone?

- Regular Group/Intergroup Contribution
 Regular Individual Contribution
 Anniversary
 Birthday
 Years in Recovery
 Years of Sobriety
 Gratitude
 Gratitude Month (November)
 Individual Contribution Month (May)

Additional Info: \_\_\_\_\_

Contribution Payment Details

Make checks/money orders payable to: The Augustine Fellowship

- Enclosing check/money order in the amount of ..... \$ \_\_\_\_\_
 Please charge my credit/debit card ..... \$ \_\_\_\_\_
 Please charge my credit/debit card on a automatic recurring schedule:
For \_\_\_ months, on this day \_\_\_ of the month for the amount: ..... \$ \_\_\_\_\_

Recurring Contributions are charged on the indicated day of the month and an automatic receipt is sent to the email address provided. Please note that it is S.L.A.A.'s policy that \$20,000 is the maximum amount a member may contribute per fiscal year. Please refer to the S.L.A.A. 60/40 pamphlet for more details.

Credit/Debit Card Information

VISA  MasterCard  Discover Exp. date \_\_\_/\_\_\_
Account Number [boxes] 3-Digit Security Code (On back of card) [boxes]

Name on Credit Card (please PRINT clearly)

Signature

Billing Address (if different from shipping)

Telephone #

Email (receipt will be sent here)