

7th TRADITION CONTRIBUTION FORM

Please mail to: NorCal CoDA
1800 21st Street, PMB 230,
Sacramento, CA 95814-6812

(* = Required information)

Date: _____ Group No: _____*

Group Name or CoDA Community: _____*

Meeting Place: _____ Address: _____

City: _____* State: _____ Zip: _____

County: _____

Meeting Day: _____* Mtg. Time: _____*

Contribution Acknowledgment

(Your check is your receipt - Please complete if you require additional documentation)

Amount: \$ _____ Telephone No: _____

May we send receipt to your email address? YES NO

Email Address: _____ Name: _____

Address: _____

City: _____ State: _____ Zip: _____

(It is suggested that a copy of this form be kept for your records)

Thank you for supporting NorCal CoDA.



<http://norcalcoda.org>