

Area 23 Donation Form

Group Information

Amount: _____ District: _____ GSO Group #: _____

Group Name: _____

Email address: _____

Or send receipt to:

Name: _____

Address: _____

City, State & Zip: _____

Receipt (Leave Blank)

Date: _____ Amount: _____

Pmt Method: _____ Ck #: _____

Group Name: _____

GSO Group #: _____

Thank you for your 7th Tradition contribution

Signature: _____

Area 23 Treasurer

Please mail this form to:

**Area 23 Southern Indiana Committee
PO Box 546
Indianapolis, IN 46206**