

Co-Dependents Anonymous, Inc.

SEVENTH TRADITION CONTRIBUTION FORM

This form will assure that your group is properly identified and credited with your contribution.

Date: _____

Group Number: TX _____
(as assigned by CoDA, Inc.)

Group Name: _____

Meeting Location: _____

Meeting Time: _____ Meeting Day: _____

Treasurer Name _____

Address _____

Phone # _____

Amount Enclosed: \$ _____ Check # _____ Money Order # _____
(Please, no cash)

MAIL TO: **Co-Dependents Anonymous, Inc.**
 PO Box 33577
 Phoenix, AZ 85067-33577

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