



CoDA Texas

7th Tradition Contribution Form

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

Date: _____

Group Number: TX _____

Group Name: _____

Meeting Location: _____

Meeting Time: _____ Meeting Day: _____

Treasurer: Name: _____

Address: _____

Cell Phone/email to send acknowledgement to: _____

Amount enclosed: \$ _____ Check # _____ Money Order # _____

MAIL TO:

CoDA Texas

P. O. Box 836433

Richardson, TX 75283-6433

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