



# Contribution Form

**AA District 8**  
P.O Box 543  
Howell , MI.  
48844

Group GSO # \_\_\_\_\_

Date \_\_\_\_\_

Meeting Group Name \_\_\_\_\_

Return Address for Group \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Meeting Day and Time \_\_\_\_\_

The enclosed contribution of \$ \_\_\_\_\_ is for the following distribution.

	Amount	Percentage
AA District 8		
Area 32		
GSO (New York)		

Please make checks and Money Orders payable to: AA District 8.

District 8 thanks you for your group contributions. Your receipts will be mailed to you. If you have any questions about contributions or group structure, please contact District 8. All contributions to District 8 are only used for AA approved purposes and services.

[www.district8aami.org](http://www.district8aami.org)