



Codependents Anonymous

www.CoDA.org

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Seventh Tradition Contribution Form

Date: _____ Group No: _____

Group Name: _____

Group Meeting Place: _____

Address: _____

City/State/Zip: _____

County: _____ Community: _____

Meeting Day and Time: _____

Check/Money Order #: _____

Dated: _____ Amount: _____

Check/MO Signed By: _____

Contribution Acknowledgement to Be Sent To:

Name: _____

Address: _____

City/State/Zip: _____

Country: _____

Telephone Contact No: _____

Follow-up information:

Date sent: _____

Acknowledgement Rec'd: _____

Cancelled Ck Rec'd: _____

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

Return completed form to:

Co-Dependents Anonymous, Inc.

P O Box 33577

Phoenix, AZ 85067-3577