

REGION III 7th Tradition GROUP DONATION FORM

Meeting / Group # _____ Group Name _____

If this is an Intergroup Contribution, Intergroup # / name _____

Meeting Day, Time and Place City, State

Your Name _____ Phone _____

Email _____

Check # _____ Amount enclosed _____

Make checks payable to: Region 3 OA

Send to: Region 3 OA Treasurer
 Karen Stephenson
 PO Box 33721
 Las Vegas, NV 89133

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