

ALCOHOLICS  
ANONYMOUS  
*Cleveland*

**INDIVIDUAL PLEDGE FORM**

**I-00000**

Please mail and make checks payable to:  
AA CLEVELAND DISTRICT OFFICE  
1557 ST CLAIR AVE, NE  
CLEVELAND, OHIO 44114  
(216) 241-7387

HOME GROUP \_\_\_\_\_ DATE \_\_\_\_\_

I hereby agree to contribute to the support of the AA Cleveland District Office  
in the amount of \_\_\_\_\_.

Amount Paid \$ \_\_\_\_\_  Check  Cash

Balance Due \$ \_\_\_\_\_ (will be billed quarterly)

Self supporting through  
AA member contribu-  
tions, the CDO offers  
tangible programs and  
life-saving services to  
help the suffering  
alcoholic. Donate today.

**PLEASE PRINT CLEARLY**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Signature \_\_\_\_\_

Received by \_\_\_\_\_

Federal Income deduction item authorized.

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

Receipt will be mailed to you.