

### DONATION FORM

Your donation pays for the life-saving services and operating costs of the Office. Please fill out the form below, place it into a stamped envelope and mail to the address listed above.

**Donate Now**  Individual Pledge  Group Pledge

PLEASE PRINT CLEARLY

Your Name \_\_\_\_\_  
FIRST MI LAST

Your Home Group \_\_\_\_\_

Your Address \_\_\_\_\_

CITY STATE ZIP CODE

Phone # \_\_\_\_\_ Email Address (optional) \_\_\_\_\_

I would like to receive important email announcements from the A.A. Cleveland District Office.

I want to become a **monthly** donor with a gift of:

\$10  \$25  \$50  \$100  \$250 Other \_\_\_\_\_

I want to make a **one-time** donation of:

\$10  \$25  \$50  \$100  \$250 Other \_\_\_\_\_

**Pay Now:**  Visa  MasterCard  Discover  American Express  Check Enclosed

**Promise to Pay:**  Bill me later.

Credit Card # \_\_\_\_\_ Expire \_\_\_\_\_ Security Code \_\_\_\_\_

My donation/pledge is made in memory of: \_\_\_\_\_

*Your donation is tax-deductible. Cancel monthly donations at any time. Maximum individual donations are \$3,000.  
Please make checks payable to: A.A. Cleveland District Office*