

# SCWS GROUP CONTRIBUTION FORM

For use during the term 01/01/09 through 12/31/11

\_\_\_\_\_ Al-Anon      \_\_\_\_\_ Alateen      Group Name: \_\_\_\_\_

Group Address: \_\_\_\_\_

Group City: \_\_\_\_\_ Day: \_\_\_\_\_ Time: \_\_\_\_\_

WSO ID#: \_\_\_\_\_ Contribution Enclosed: \_\_\_\_\_

Submitted By:      Name: \_\_\_\_\_

E-Mail Address/Phone Number: \_\_\_\_\_

**Make check or money order payable to SCWS**

Mail Contributions To:

SCWS , Post Office Box 350, North Hollywood, CA 91603

The WSO ID # can be located on the mailing label of the Bulletin. Any questions and/or comments, please contact Heidi T. at 661 252-4636 or stinkerbelle@socal.rr.com

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