

LAKE COUNTRY INTERGROUP
OVEREATERS ANONYMOUS

DONATION FORM

DATE: _____

GROUP INFO: Group number _____

Meeting time _____

Meeting day _____

Location _____

Name: _____

Address: _____

Phone: _____

DONATION INFO: Amount for
General Fund (WSO 6%, Region One 15%) _____

Amount for Delegate Fund _____

Other amount (please specify) _____

TOTAL AMOUNT OF DONATION _____

() **Please check here if you want verification that donation was received and deposited.** If you want an e-mail notification, write your e-mail address here:

Donation deposited on: _____

MAIL DONATION TO:

MOLLIE RYAN

509 N 15TH STREET

COEUR D ALENE, ID 83814

make check payable to: Lake Country IG

Your support is greatly appreciated. You are helping to continue carrying the message of recovery to other compulsive overeaters. Thank you!

(Just a suggestion for your convenience: Complete the GROUP INFO section above then make several copies to make your subsequent donations easier.)