

NEW JERSEY GAM-ANON INTERGROUP AREA 7  
PO BOX 922  
EAST BRUNSWICK, NJ 08816-0922

**CONTRIBUTION FORM**

**DATE:** \_\_\_\_\_

**Please Check:**

MEETING DONATION  / PERSONAL DONATION

Special Reason \_\_\_\_\_

MEETING DAY OF WEEK: \_\_\_\_\_ MEETING TIME: \_\_\_\_\_

MEETING PLACE/NAME: \_\_\_\_\_

MEETING ADDRESS: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

AMOUNT ENCLOSED: \$ \_\_\_\_\_

RECEIPT REQUESTED: Yes: \_\_\_\_ No: \_\_\_\_  
**(All receipt requests will be sent via email or phone)**

EMAIL ADDRESS TO SEND RECEIPT:

\_\_\_\_\_

NAME: \_\_\_\_\_

PHONE: \_\_\_\_\_

**ROOM DONATIONS FUND EXPENSES OF:**

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

General Liability Insurance, Monthly Happenings, Mailings, Delegate Conference,  
I.S.O. Donations, Domain Name, Zoom Accounts, and P.O. Box, etc.

**THANK YOU FOR YOUR DONATION!**