SCWS (Southern California World Service) GROUP CONTRIBUTION FORM

Group Name:		District:	WSO ID#:
Group Address:			
Group City:	Day:		Time:
	Contr	ibution Enclos	sed:
Submitted By: Name:			
E-Mail Address:(to receive the contribution rec			
Telephone Number:			
<u>Make</u>	check or money orde	er payable to	<u>scws</u>
	Mail Contribu	itions to:	
SCWS, 100	73 Valley View Stree	et, #260, Cyı	oress, CA 90630
	ncerns: Please conta		
or San	ndy W., SCWS Treasu	irer t evt 94 0	9-558-4297
or Sur	idy W., Sows irease	inci text 541	7-550-4257
SCWS (Southern Ca	lifornia World Servi	ice) GROUD	CONTRIBUTION FORM
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(to receive the contribution rec	eipt)		
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SCWS, 10073 Valley View Street, #260, Cypress, CA 90630

Questions/Concerns: Please contact treasurer@scws-al-anon.org

or Sandy W., SCWS Treasurer text 949-558-4297