

Southern California World Service of AFG, Inc. GROUP CONTRIBUTION FORM

Group Name: _____ District: _____ WSO ID#: _____

Group Address: _____

Group City: _____ Day: _____ Time: _____

Contribution Enclosed: _____ In Person Meeting: _____ Electronic: _____

Submitted By: Name: _____

E-Mail Address: _____
(to receive the contribution receipt)

Telephone Number: _____

Make check or money order payable to

Southern California World Service of AFG, Inc.

Mail Contributions to:

SCWS, 10073 Valley View Street, #260, Cypress, CA 90630

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

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