

# Let It Begin With Me

## Group Contribution Form (Area 17 - Indiana)

Group # \_\_\_\_\_ District # \_\_\_\_\_

Group Name \_\_\_\_\_

Group Treasurer \_\_\_\_\_

New

Address  
\_\_\_\_\_  
\_\_\_\_\_

Email Address: \_\_\_\_\_

### Amount of Contribution By Category

\_\_\_\_\_ Assembly (Group Conscience / Suggested Quarterly)

\_\_\_\_\_ Equalized Delegate Expense (Suggested Delegate \$30/yr)

\_\_\_\_\_ Other (Please specify)

\_\_\_\_\_ Total Check Amount

Mail your check along with this sheet. Feel free to fill out group info and then make copies to save time in the future. If you do this, and no longer need a contribution form sent to you with each receipt, please check this box.  Send no form please

Receipts will be sent to the email address above. If an email address is not provided, the receipt will be mailed to the above address.

Please make checks payable to: AFG Indiana Area Assembly

Mail the check and contribution form to:

**AFG Indiana Area Assembly  
20285 Fieldstone Crossing Dr.  
Goshen, IN 46528**

Thank you for your contributions! Barbara G., Treasurer

cell: (574) 596-3242 email: [treasurer@indiana-al-anon.org](mailto:treasurer@indiana-al-anon.org)

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