

CONTRIBUTIONS WORKSHEET

To support A.A.'s essential services, the General Service Conference has suggestions for groups to follow in the "Where Money & Spirituality Mix" pamphlet. One suggestion is the 50-30-10-10" plan. It works like this:

FIRST - take care of all basic group expenses (rent, refreshments, A.A. literature, etc.)

THEN - divide remaining funds as follows:

DATE: _____

Total Amount to be contributed. \$ _____
50% to Intergroup Office \$ _____
30% to General Service Office \$ _____
10% to North Florida Area \$ _____
10% to District Committee \$ _____

In accordance with the 7th Tradition, A.A. accepts no outside contributions at any level. Likewise, according to the 6th Tradition, A.A. makes no contributions to an outside organization or cause. KEEP THIS SLIP FOR YOUR RECORDS!!

50% to your Intergroup

INTERGROUP DONATION

Make check payable to:

BREVARD INTERGROUP

Mail to:

Brevard Intergroup Inc.
720 E. New Haven Avenue, #3
Melbourne, FL 32901

GROUP NAME _____

SENT BY _____ PHONE _____

ADDRESS _____

CITY _____ ST _____ ZIP _____

SERVICE No. _____ TOTAL AMOUNT \$ _____

30% to your General Service Office

GENERAL SERVICE OFFICE DONATION

Make check payable to:

GENERAL SERVICE OFFICE

Mail to:

General Service Office
P.O. Box 2407, James Farley Station
New York, NY 10116-2407

GROUP NAME _____

SENT BY _____ PHONE _____

ADDRESS _____

CITY _____ ST _____ ZIP _____

SERVICE No. _____ TOTAL AMOUNT \$ _____

10% to your General Service Area

NORTH FLORIDIA AREA DONATION

Make check payable to:

NORTH FLORIDA AREA

Mail to:

NFAC Treasurer
P.O. Box 226
DeLeon Springs, FL 32130

GROUP NAME _____

SENT BY _____ PHONE _____

ADDRESS _____

CITY _____ ST _____ ZIP _____

SERVICE No. _____ TOTAL AMOUNT \$ _____

10% to your District Committee

DISTRICT DONATION

Make check payable to:

DISTRICT 15

728 West Ave, Box 138
Cocoa, FL 32927

DISTRICT 12

P.O. Box 1153
Melbourne, FL 32902

DISTRICT 23

P.O. Box 372627
Satellite Beach, FL
32937-0901

GROUP NAME _____

SENT BY _____ PHONE _____

ADDRESS _____

CITY _____ ST _____ ZIP _____

SERVICE No. _____ TOTAL AMOUNT \$ _____