

ANNUAL APPEAL MONTHLY LIFELINE PARTNER

To Increase or Renew Your LifeLine
Please check the appropriate box below:

- Increasing
 Renewing

Individual LifeLine Partner

OR →

Meeting/Group LifeLine Partner

Group Code: _____
If available

Individual Name: _____

Meeting Name: _____ Meeting Day: _____

Meeting Time: _____ Meeting City: _____ Prov./State: _____

Contact for Group LifeLine: _____ Cell Phone: _____

We will only contact you if there is a question about your donation.

➤ Credit/Debit Card Information:

(Please match the info your bank has on file for this card.)

- PLEASE →
PROVIDE
ALL →
INFO →
1-8 →
1. NAME *exactly* as it appears on your card: _____
 2. BILLING Address _____
 3. CITY _____ PROV./STATE _____
 4. ZIP/POSTAL CODE _____
 5. DAYTIME Phone (_____) _____
Cell preferred
 6. CREDIT CARD # _____ *** → EXP. DATE _____ ← ***
Please provide Expiration Date →
 7. SECURITY CODE/Card CVV _____ (3 digit number on back of card **OR** 4 digit number on front of Amex)
 8. Signature _____

➤ Amount of monthly contribution: \$ _____

➤ MONTH your LifeLine will start: _____

➤ DATE RANGE your LL is to be processed: A. 1st – 10th B. 11th-20th C. 21st – End of Month

(Example: If you choose A. 1st-10th, your LifeLine may be processed at any time during the first ten days of the month. The same is true if you choose the B or C. Your LifeLine may be processed at any time during the range of days you select.)

RECEIPT OPTIONS: Choose one (1) option below ↓ Please Provide E-mail Address Below ↓

1. E-mail Receipt (PREFERRED/Most economical) _____
2. Paper Receipt sent to address provided above. (*please provide e-mail above ↑ anyway*)
3. No Receipt (*please provide e-mail above ↑ anyway*)
- KEEP INFORMED: Check if you want to receive *brief monthly* update e-mails from the ISO



ENROLL ONLINE: <https://saa-store.org/7thTradition/llp/>



BY TELEPHONE: Canada and USA: 800-477-8191 Mon-Fri 10:00am – 6:00pm CT_US
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