

ANNUAL APPEAL ONE-TIME DONATION

Individual Donation

OR →

Meeting/Group Donation

Group Code: _____
(If Available)

Individual Name: _____

Meeting Name: _____ Meeting Day: _____

I want my donation to be ANONYMOUS

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

Your anonymous donation will not be credited to or associated with your name. It will be entered and grouped into a special anonymous account. You will not receive a receipt for your donation.

Contact for this donation: _____ Cell Phone _____
We will only contact you if there is a question about your donation.

➤ **AMOUNT of 1-Time Donation:** _____

➤ Choose Method of Payment Below A or B

➤ **A. 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 _____

➤ **B. Check/Money Order - Please complete this section if you want a receipt**

Name: _____

Address _____ City _____

State/Province _____ Postal Code _____ Country _____

Daytime Phone Number - cell preferred (_____) _____

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.
- 3. No Receipt
- KEEP INFORMED: Check if you want to receive *brief monthly* update e-mails from the ISO



DONATE ONLINE: <https://saa-store.org/7thTradition/annualAppeal/>



BY TELEPHONE: Call the ISO at 800-477-8191 Mon-Fri 10am – 6pm Central Time

BY MAIL: ISO | PO Box 70949 | Houston, Texas 77270-0949 | USA