

**INTERGROUP MONTHLY DONATION FORM
FOR 2019**

(GROUP/ROOM NAME)

THE MONTHLY DONATION FOR OUR ROOM WILL BE _____
STARTING JANUARY 2019.

(SECRETARY'S SIGNATURE)

(DATE)

Checks may be mailed prior to the first day of each month to:

**CT INTERGROUP
800 Village Walk #144
Guilford, CT 06437**

Or brought by your Intergroup Representative to the monthly
Intergroup meeting.