INTERGROUP MONTHLY DONATION COMMITMENT

FOR YEAR: _____

_____

ROOM NAME

THE MONTHLY DONATION FOR OUR ROOM WILL BE:

$_____

_____

SECRETARY'S SIGNATURE & DATE

Return to Intergroup in December for the following year's budget.

CTWMAGA Intergroup
548 Naugatuck Ave.
PO Box 2143
Milford, CT 06461