

INTERGROUP MONTHLY DONATION COMMITMENT

FOR YEAR: _____

(ROOM NAME)

**THE MONTHLY DONATION FOR OUR ROOM WILL BE \$ _____
STARTING JANUARY 1ST**

(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 to the monthly Intergroup meeting (usually the first Monday of the month.)