

CONTRIBUTION FORM FOR GLADA

Please do not send cash in the mail. Make checks payable to GLADA

Mail to: GLADA
123 N. Wilke Rd.
Arlington Hts., IL 60005

Type of contribution: (check one) _____ Group _____ Individual
(use sections A&B) (use section B)

Please Print

Section A:

Contribution amount \$ _____

Meeting Day and Time _____

Group Name _____

Meeting Location (city/state)

Group Number _____

Section B: Send receipt for this contribution to:

TO: _____

May we acknowledge your contribution via email? If yes, please write your email address below.

If a receipt is not required, please check