

NJ GAM-ANON INTERGROUP AREA 7
PO BOX 922
EAST BRUNSWICK, NJ 08816-0922

CONTRIBUTION FORM (updated 12/22/2025)

DATE: _____

Please Check:

MEETING DONATION ☐ / PERSONAL DONATION ☐

• Special Reason (Ex: Sunrise Fundraiser) _____

• In Honor of Gam-Anon Member (Name, Initial) _____

An email can be sent to the recipient to let them know a donation was made in honor of them. If yes, include Recipient Email: _____

Please indicate what you would like us to say in the email that we send to the person you are recognizing. We will not include the dollar amount.

MEETING DAY OF WEEK: _____ MEETING TIME: _____

MEETING PLACE/NAME: _____

• Virtual ☐ ID: _____

• Hybrid ☐

MEETING ADDRESS _____

ID: _____

• In-Person Only ☐ MEETING ADDRESS:

AMOUNT ENCLOSED: \$ _____

RECEIPT: Intergroup will no longer send Receipt email for donations made by mail in check since the senders are already receiving receipt directly through bank statements.

NAME: _____

PHONE: _____

THANK YOU FOR YOUR DONATION!

ROOM DONATIONS FUND EXPENSES OF:

www.njgamanon.org

Liability Insurance, Happenings, Mailings, Board of Delegate Conference,
I.S.O. Donations, Domain Name, Zoom Accounts, and P.O. Box, etc.