

Capital District Central Office Contribution Form

GROUP NAME: _____
(as name appears in HMB Area 48 Meeting Schedule or www.ny-aa.org)

DISTRICT: _____

AMOUNT OF CONTRIBUTION: _____

WHERE TO SEND ACKNOWLEDGEMENT: (Treasurer's home address – not meeting location)

Name: _____

Address: _____

Mail to:

Capital District Central Office
11 Computer Drive West,
Suite 100 Albany, NY 12205

- This form should accompany all contributions to the Capital District Central Office.