

SEVENTH TRADITION FACT SHEET

To help support S.L.A.A.'s vital services, Fellowship-Wide Services (F.W.S.) has suggested a 60-40 contribution plan to meet the basic needs (see *Supporting S.L.A.A. the 60-40 Way*). Here's how it works: First take care of basic group expenses (rent, literature, Annual Business Meeting fund and other group needs.) Divide the remaining monies as follows or whatever suits your needs. This is a suggestion. Each group is free to decide on its own ratios.

In financial matters, Seventh Tradition states that S.L.A.A. is self-supporting at all levels. What this clearly means is that neither the group, the intergroup, or F.W.S. accepts outside contributions.

In accordance with Tradition Six, S.L.A.A. at all levels makes no contributions to any outside organization, movement or cause, no matter how worthy.

DATE: _____ GROUP NAME: _____

TOTAL AMOUNT \$ _____ 60% TO INTERGROUP \$ _____ 40% TO F.W.S. \$ _____

(Keep this portion for your records)

LOCAL INTERGROUP CONTRIBUTION

60%

TO YOUR LOCAL INTERGROUP

Group Name: _____
Group City: _____
Mtg. Place: _____
Day, Time: _____
Sent By: _____
Address: _____
City, State: _____
Zip Code: _____

DO YOU WANT A RECEIPT?
_____ YES* _____ NO

** Can we send receipt by email? If yes, please provide email address below*

EMAIL: _____

Make check/money order payable to: Date: _____ Amount: \$ _____

New England Intergroup
P.O. Box 1375
Brookline, MA 02446

(Detach and send this portion to your local intergroup)

FELLOWSHIP-WIDE SERVICES CONTRIBUTION

40%

TO FELLOWSHIP-WIDE SERVICES

Group Name: _____
Group City: _____
Mtg. Place: _____
Day, Time: _____
Sent By: _____
Address: _____
City, State: _____
Zip Code: _____

DO YOU WANT A RECEIPT?
_____ YES* _____ NO

** Can we send receipt by email? If yes, please provide email address below*

EMAIL: _____

Make check/money order payable to: Date: _____ Amount \$ _____

F.W.S. or The Augustine Fellowship
1550 N.E. Loop 410, Suite 118
San Antonio, TX 78206-1626

_____ MasterCard _____ Visa Exp. Date: _____
Account Number: (print clearly) _____
Signature of cardholder: _____
Name as it appears on card (please print) _____
Billing Address (if different from above) _____

Credit Card Donations:
<http://www.slaafws.org>

(Detach and send this portion to Fellowship-Wide Services)