

# INDIVIDUAL PLEDGE FORM

Please make checks payable to:

**AA CLEVELAND DISTRICT OFFICE**  
1701 EAST 12TH STREET  
RESERVE SQUARE - LOWER COMMONS  
CLEVELAND, OHIO 44114  
241-7387



HOME GROUP \_\_\_\_\_ DATE \_\_\_\_\_

I hereby agree to contribute to the support of the AA Cleveland District Office in the amount of \_\_\_\_\_

Amount Paid \$ \_\_\_\_\_  cash  
Balance Due \$ \_\_\_\_\_  check

March is pledge month.  
Please return form to  
captain by end of month  
or send in to the office.

**PRINT Name** \_\_\_\_\_

**Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Signed** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Received by** \_\_\_\_\_

Federal Income deduction item authorized

Official Receipt Will Be Mailed From District Office