

**NENY Area Association
CONTRIBUTION FORM**

GROUP NAME: _____

GENERAL SERVICE OFFICE NUMBER: _____
(This number is listed on your Group's Meeting on the nenyaa.org website)

DISTRICT: _____

AMOUNT OF CONTRIBUTION: _____

WHERE TO SEND ACKNOWLEDGEMENT TO:

Name: _____

Address: _____

MAIL CONTRIBUTIONS TO:

NENY Area Association
Ship and Copy
118 Polar Plaza, #114
Amsterdam, NY 12010

Questions or Comments?

Please contact the NENY Area Association Treasurer at treasurer@ahmbny.org.