

Overeaters Anonymous Mid-Hudson Intergroup Contribution Form

Your contribution makes it possible for the Mid-Hudson Intergroup to carry the message to those who still suffer from compulsive overeating.

Please mail form below with contribution to:

Mid Hudson Intergroup Treasurer
74 Bostock Road
Shokan, New York 12481

Please make checks payable to Mid-Hudson Intergroup

Group Name _____ Group # _____

Amount _____

Meeting Date & Time _____

Meeting Address _____

Meeting City _____

(The above information will help us to identify your group.)

Please put your FULL mail address on your envelope as well as on this form.

Please print CLEARLY IN THE BOX BELOW the name and title of the person to which acknowledgment should be mailed. Please indicate if email receipt is acceptable.

Receipt Form	__Secretary;	__Treasurer
Name:	_____	
Address:	_____ _____	
City:	_____	
State and Zip Code:	_____	
Phone number:	_____	email address: _____ (electronic receipt saves postage and paper)