

Co-Dependents Recovery Society

Seventh Tradition Contribution Form

About this form: This is an **interactive order form**.
 Please type in your information.
 Print form and mail or fax to:

Send order form to:	
Co-Dependents Recovery Society 423 6th Street, Apt. E New Westminster, BC V3L 3B1	Phone: 1-604-239-1042 FAX Toll Free 1-888-675-8325 Website – www.cdrs.ca

Seventh Tradition Contribution

Group Name _____ Address _____ City _____ Province _____ Postal Code _____ Group Number _____	Email Address _____ Date _____ Contact Name _____ Phone Number _____
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METHOD OF PAYMENT	
<input type="checkbox"/> Cheque <input type="checkbox"/> Money Order <input type="checkbox"/> Mastercard <input type="checkbox"/> Visa	
Name as shown on card	<input style="width: 100%;" type="text"/>
Card #	<input style="width: 100%;" type="text"/>
Expiry Date	<input style="width: 50%;" type="text"/>
Signature _____	

Please indicate contribution destination

<input type="checkbox"/> CDRS	Amount <input style="width: 80%;" type="text"/>
<input type="checkbox"/> CoDA Canada	Amount <input style="width: 80%;" type="text"/>

Contribution acknowledgment should be sent to:

Name _____

Address _____

City _____

Province _____ Postal Code _____