



eating disorders *anonymous*

Eating Disorders Anonymous 7th Tradition Contribution Form

Date: ___ / ___ / ___ Amount Enclosed: \$_____ . ___

From: EDA group / EDA member (circle one please):

If from an EDA group:

Meeting Name: _____

Location: _____

Day of Week: Mon Tues Wed Thurs Fri Sat Sun (circle)

Time of Day: ___ : ___ AM / PM (circle)

For acknowledgement of contribution only:

Contributor / Group Contact Person Name:

Phone Number: _____ / _____ - _____

Email Address: _____

Street Address: _____

Please send contributions (check/money order only please, payable to "EDA") to:

General Service Board of EDA, Inc.

P.O. Box 55876

Phoenix, AZ 85078-5876

All 7th Tradition contributions will be deposited to EDA's checking account for General Service Board authorized activity in helping EDA carry its message of recovery to others with eating disorders.

General Service Office Use Only

Date Received: ___ / ___ / ___ Rec'd By (Initials) : _____

Date Acknowledgement Sent: ___ / ___ / ___ Sent By (Initials): _____