



DONATION FORM

Member Information:

Name: _____

Company: _____

(if signing up as contact for your company)

Address: _____

City: _____ State/Province: _____

Zip: _____

Telephone: _____

Email: _____

Donation Type:

General Donation Amount _____

Telephone Meeting Donation _____

Online Meeting Donation _____

Online Chat Meeting Donation _____

Conference Donation _____

Payment Information:

My check or money order is enclosed.

Please make checks payable to Recovery International.

Please charge the amount shown above to my **Visa** **Mastercard** **Discover** **American Express**

Account # _____ Exp. Date: _____

Signature: _____

Please mail or fax your completed application and payment to:

Recovery International

1415 W. 22nd Street, Tower Floor, Oak Brook, IL 60523

Voice: (312) 337-5661 Fax: (312) 726-4446

~ OR ~ Donate online at www.recoveryinternational.org