



**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 or money order only please, payable to "EDA") to:

**General Service Board of EDA, Inc.
PO Box 5243
Chico, CA 95927**

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 Board Office Use Only

Date Received: ____ / ____ / ____ Rec'd by (Initials): _____

Date Acknowledgement Sent: ____ / ____ / ____ Sent by (Initials): _____