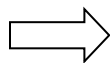


Central Office carries the message of Alcoholics Anonymous to the still suffering alcoholic by coordinating the following services:

- ⇒ Connecting new members with the help and hope of A.A. by answering inquiries via live chat, email and a 24/7 phone line and setting up 12th Step calls for those who request them
- ⇒ Publishing accurate, up-to-date A.A. meeting schedules for SF and Marin—both online and in print
- ⇒ Managing aasfmarin.org, an informative and comprehensive website which includes resources for groups, individuals and the general public
- ⇒ Operating a centrally located office and bookstore which stocks an ample supply of A.A. conference-approved literature and service material, Grapevine publications, locally produced literature and sobriety medallions
- ⇒ Publishing two newsletters, *The Point* and *The Buzz*
- ⇒ Providing Group Insurance certificates



- ⇒ Acting as an information exchange for A.A. announcements, events and service opportunities
- ⇒ Responding to inquiries and providing information about A.A. to members, the general public, the professional community, media and outside agencies
- ⇒ Cooperating with and maintaining contact with other A.A. service entities including Bridging the Gap, General Service (District, Area and GSO), GGYPA, the Hospital & Institution Committee, our Intergroup service committees and other Intergroup/Central Offices
- ⇒ Participating in local, regional and national A.A. events



Thank you for your
generous support!

Mar 2019

BECOME A FAITHFUL FIVER!



“When we meet and defeat the temptation to take large gifts, we are only being prudent. But when we are generous with the hat, we give a token that we are grateful for our blessing and evidence that we are eager to share what we have found with all those who still suffer.”

- Bill W.

Reprinted from *The Language of the Heart*
with permission from the AA Grapevine, Inc.

What is a Faithful Fiver?

A Faithful Fiver is an A.A. member who graciously pledges to contribute \$5 or more each month to support Central Office in our efforts to carry the A.A. message of hope and recovery to the still suffering alcoholic. As a Faithful Fiver, your personal contribution can and will make our vital services possible.

The Faithful Fiver idea came about when we remembered that we wasted much more than \$5 each month during our drinking days. Your contribution will help Central Office provide the services necessary to carry the message of Alcoholics Anonymous.

Contributions are limited to \$5,000 per member per year* and are tax deductible under Internal Revenue Code: § 501(c)3.

* Self-Support: Where Money and Spirituality Mix, the A.A.® Guidelines on Finance — Page 10



Yes! Please enroll me as a Faithful Fiver!

I agree to pledge.

Here is my contribution of

\$ _____ for _____ months

Name _____

Address _____

City _____ State ____ Zip _____

Phone Number _____

Email Address _____

Please make your check payable to
"Central Office" and mail to:

Central Office

1821 Sacramento Street

San Francisco, CA 94109-3528

aa@aasfmarin.org

aasfmarin.org

 **Intercounty Fellowship of Alcoholics Anonymous**
serving San Francisco and Marin Counties

If you prefer to contribute by credit/debit card and would like to enjoy the convenience of automatic billing, please **sign up online** at **aasfmarin.org/contributions**. Alternatively, you can complete the Credit Card Information section below, sign and send in the form. All of the requested information is required. Upon approval, we will automatically charge your card for the amount indicated and your total charges will appear on your monthly statement from "Central Office." You may cancel automatic billing at any time by contacting us.

PAYMENT INFORMATION

I authorize Intercounty Fellowship of A.A. to automatically bill the card listed below as specified:

Amount: \$ _____

Start Billing On: ____/____/____

End Billing when Customer provides
written cancellation — OR —

End Billing On: ____/____/____

CREDIT CARD INFORMATION

(Circle one) Visa MasterCard Amex

Credit Card Number: _____

Exp. Date: ____/____ CSC: _____

Cardholder Name: _____
(as shown on credit card)

Cardholder Billing Address Zip Code: _____

Cardholder Signature: _____