

Central Ohio Service Intergroup of Overeaters Anonymous, Inc.

CONTRIBUTION FORM*

Amount: \$ _____

For group contributions, provide meeting number or meeting day/time/location: _____

For individual contributions, provide name or "anonymous": _____

Make checks payable to **Central Ohio Service Intergroup**

Mail to: PO Box 14268
Columbus OH 43214-4268

If receipt needed, provide your e-mail address _____ or
enclose a self-addressed, stamped envelope.

On behalf of the Central Ohio Service Intergroup, thank you for your support.

* This form is for mailing checks/money orders. You may also make a contribution via Zelle:

Recipient Name: Central Ohio Service Intergroup

Email: Treasurercosig@gmail.com