

## St. Paul Intergroup *Faithful Fiver* - Enrollment Form

*Faithful Fivers* graciously contribute \$5.00 or more to St. Paul Intergroup each month to enable us to continue to carry A.A.'s vital message of Hope and Recovery to all who need and want it. Your contribution entitles you to a one-year subscription to *The Lifeline*. Contributions may be made annually, bi-annually, quarterly or monthly.

**~Yes! Please enroll me as a *Faithful Fiver* !**

### 1. Contact information:

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone Number \_\_\_\_\_

Email \_\_\_\_\_

### 2. Amount & Frequency:

Amount: \$ \_\_\_\_\_

Frequency: (check only one)

Monthly  Quarterly  Bi-Annually  Annually

Start on \_\_\_\_/\_\_\_\_/\_\_\_\_

Please send my receipt to my email address

Please send my receipt to my home/postal address

Please send my **Lifeline** to my **email** address instead

### 3. Choose a Payment Method:

Credit Card/Debit Card\*

Visa  MasterCard

Card # \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Expiration Date: \_\_\_\_/\_\_\_\_

Name on Card \_\_\_\_\_

Signature \_\_\_\_\_

\*I authorize St. Paul Intergroup to automatically bill my account as specified (monthly, quarterly, etc.). I understand that I am free to cancel this authorization at any time by contacting Intergroup.

Check - Please make payable to:

**Saint Paul Intergroup**

1600 University Ave W. - Suite 214

Saint Paul, MN 55104