CCFAA By the Way Newsletter Birthdays Submission Form

DUE DATE: the 15th of the PREVIOUS month at 5pm

Submit to: centraloffice@aasacramento.org

GROUP NAME: _____

MONTH OF BIRTHDAYS: _____

PLEASE use the following format from and type from GREATEST years of sobriety to LEAST in your group. Also, please do not submit the date or the year of the birthday.

First name Last Initial. (type # number of years sober)

First Name Last Initial.	Years Sober	First Name Last Initial.	Years Sober	First Name Last Initial.	Years Sober
Example: Bill W.	35				
Example: Jane	26				
Example: Cindy C.	14				

CONTACT NAME & PHONE NUMBER: _____Ph # _____

THANK YOU FOR YOUR SERVICE!