**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)

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| --- | --- | --- | --- | --- | --- |
| 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 |  |  |  |  |
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CONTACT NAME & PHONE NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Ph # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_