

OKLAHOMA STATE GRATITUDE PLAN

THIS IS MY CONTRIBUTION IN THE AMOUNT OF \$ _____
FOR SHOWING GRATITUDE FOR MY _____ YEARS OF SOBRIETY.

Please make checks payable to: "Oklahoma State Committee"

Contributor Name _____

Address _____

City _____ State _____ Zip _____ Phone _____

Group Name * _____ Group Service # (optional) _____

*Do you want this contribution credited to your group? _____ Yes _____ No

E-mail address (optional) _____

Suggested Gratitude Contribution: One dollar for each year of sobriety.

PO Box 18415
Oklahoma City, OK 73154

**Oklahoma State Committee
Post Office Box 18415
Oklahoma City, OK 73154-0415**