

## Helping Hands Pledge Program

**Please extend your helping hands to the 12 Step program that is helping you.  
ISO of COSA needs dependable income to do its work.  
Your monthly contribution provides the foundation we need to support  
COSA's current members and  
to reach out to the COSA who still suffers.**

**Will you help by asking other COSAs to contribute as well?**

**Remember the 7th Tradition which states:  
Every COSA group ought to be fully self-supporting,  
declining outside contributions.**

*This means that the support of COSA is up to us!*

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State / Zip Code : \_\_\_\_\_ Country: \_\_\_\_\_

Telephone Number: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Here is my first contribution of \$ \_\_\_\_\_ For ISO \_\_\_\_\_% for Telemeeting \_\_\_\_\_%

I pledge \$ \_\_\_\_\_ per month. for ISO \_\_\_\_\_% for Telemeeting \_\_\_\_\_% (circle Tues or Thur )

Please debit my account monthly on the \_\_\_\_\_ of every month. (i.e, 15th)

Circle payment method: American Express Discover MasterCard Visa

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ / \_\_\_\_\_ (mm/yy) Card Code: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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Please print, complete, and mail to COSA