

TREATMENT FACILITY COMMITMENT CONTACT

MY NAME IS:

I HAVE A COMMITMENT AT :

DAY AND TIME :

PHONE :

EMAIL:

Please fill this out and return to SIA office or have your SIA group representative hand it in. With your help we can bring our temporary contact program to the people that want it. Come down to the Institutions meeting on the third Wednesday of every month at SIA office at 7 pm. Remember it is a WE program.

THE INSTITUTIONS COMMITTEE NEEDS YOUR HELP.

THANKS,

TOMMY M.