



PROJECT: OUTREACH

This project is designed to help give information about CoDA to the mental health providers in your community.

DO NOT PUT YOUR OWN NAME ON THIS FORM

Please list the name and address of the therapist that helped you find the program of Co-Dependents Anonymous (CoDA):

Name (of therapist and/or therapy group):

Street Address:

City/Town:

State:

Zip Code:

Please return this completed form to the GSR or Secretary of your home group. They will send CoDA pamphlets and updated meeting lists to the above mental health provider(s). This will help ensure that accurate information about CoDA is given to co-dependents who still suffer.

Thank you for your service.

Optionally, you or your GSR (Group Service Representative) may send the completed form to:

CoDA Intergroup Inc.
510 King Street, PO Box 126
Littleton, MA 01460 (978) 952-6510

This form is available at www.necoda.org