

Maryland General Service, Inc.

Area 29

Bridging the Gap Request

Facility Name: _____

Facility Contact: _____

Phone: _____ Email: _____

Person requesting temporary contact: _____

Age Range (circle one): Under 21 22-35 36-60 over 60

Address: _____

Zip code (required): _____

Phone number (required): _____

Email: _____

Discharge Date: _____

Desire to stop drinking? Yes _____ No _____

Our Third Tradition in Alcoholics Anonymous: "The only requirement for A.A. membership is a desire to stop drinking."

Any other information?

Email this form to treatment@marylandaa.org. The request will be forwarded to the appropriate geographic area and a temporary contact will be assigned as soon as possible.