

PERIOD FROM _____ TO _____

GROUP NAME _____ GROUP # _____

TOTAL SPLIT \$ _____

QUARTERLY SPLIT APPLICATION:

Group autonomy decides % amounts

1. **AFG WEST HAWAII DISTRICT** \$ _____ (%)
2. **AFG HAWAII** \$ _____ (%)
3. **WORLD SERVICE OFFICE** \$ _____ (%)

QUARTERLY SPLITS ARE DUE FEBRUARY, MAY, AUGUST, NOVEMBER

MAIL SPLITS TO:

***** Include your Group Name and WSO Group # *****

1. **WEST HAWAII DISTRICT**
 - i. % Michelle J.
 - ii. P.O. BOX 57
 - iii. Kailua-Kona, HI 96745
2. **HAWAII AREA (PAYABLE TO: AFG HAWAII)**
 - i. AFG HAWAII % Tom Nelson
 - ii. 161 Halona Street
 - iii. Kihei, HI 96753
3. **WORLD SERVICE OFFICE (PAYABLE TO: AFG Inc.)**
 - i. AFG Inc.
 - ii. 1600 Corporate Landing
 - iii. Virginia Beach, VA 23454-5617