



THANK YOU FOR YOUR REMITTANCE:

Please make all checks payable to:

Center for Positive Aging
607 Peachtree St., NE
Atlanta, Georgia 30308

Anniversary Date: _____

Company/Organization Name: _____

Address: _____

City _____ State _____ Zip Code _____

Representative's Name & Title: _____

Phone: (_____) _____

Fax: (_____) _____

Email: _____

Web site _____

Due Upon Receipt

INVOICE

Providers

(Includes Housing for Seniors & Care at Home Providers)

Note: Check One Below

\$600 yr. (If your annual budget is under \$1,000,000)

\$900 yr.
(If budget is over \$1,000,000 per year)

* Reminder: Complete Sections Below

Payment options: You may pay semiannually by check or major credit card. Please note that affiliation agreements are renewable on your anniversary date each year.

***If a business, please describe your business as you would like it to appear on the Center for Positive Aging Website:**

