



Affiliate Invoice

Date _____

Confirm your commitment to the affiliate service standard and contribute a minimum \$200 annual support donation to the Center! Fill out the form below and send your payment according to the instructions below.

Company/Organization Name: _____

Mailing Address: _____

City _____ **State** _____ **Zip Code** _____

Website Address: _____
(to be placed on our website)

City _____ **State** _____ **Zip Code** _____

Representative's Name & Title: _____

Phone: (_____) _____

Fax: (_____) _____

Email: _____

Web site _____

THANK YOU FOR YOUR REMITTANCE:
Please make all checks payable to:
**Center for Positive Aging
1440 Dutch Valley PL NE, STE 120
Atlanta, Georgia 30324**

Anniversary Date: _____

Or, please make payments online at: <http://www.centerforpositiveaging.org/donate.html>

Center for Positive Aging | 1440 Dutch Valley PL NE, STE 120
Atlanta, GA 30324
www.centerforpositiveaging.org
(404) 872-9191