



Invoice

From:

AFP, Cincinnati Chapter

PO Box 31206

Cincinnati, OH 45231

Phone (513) 939-2652

Fax (513) 939-2653

Email: admin@afpcincinnati.org

Invoice Number	INV-0451
Order Number	15218
Invoice Date	February 14, 2024
Total Due	\$200.00

Terms: Due Upon Receipt

Job Title	Company Name
Program & Advancement Manager	Magnified Giving

Hrs/Qty	Service	Rate/Price	Sub Total
1	Member Listing	\$200.00	\$200.00

Payment Information:

Check

Please make check payable to:

AFP, Greater Cincinnati Chapter

PO Box 31206

Cincinnati, Ohio 45231

Payment Amount: _____

Check Number: _____

Please return invoice with payment