



# Invoice

**From:**

AFP, Cincinnati Chapter

PO Box 31206

Cincinnati, OH 45231

Phone (513) 939-2652

Fax (513) 939-2653

Email: [admin@afpcincinnati.org](mailto:admin@afpcincinnati.org)

|                  |                   |
|------------------|-------------------|
| Invoice Number   | INV-0521          |
| Order Number     | 16429             |
| Invoice Date     | December 17, 2024 |
| <b>Total Due</b> | <b>\$0.00</b>     |

Terms: Due Upon Receipt

| Job Title          | Company Name                |
|--------------------|-----------------------------|
| Executive Director | Down Syndrome of Louisville |

| Hrs/Qty | Service                                | Rate/Price | Sub Total |
|---------|----------------------------------------|------------|-----------|
| 1       | <a href="#">Non-Member Job Listing</a> | \$250.00   | \$250.00  |

## 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*

### Credit Card

Credit Card Payment Information

☐ Visa ☐ MasterCard ☐ American Express

Name on the card: \_\_\_\_\_

Company Name: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City, ST, Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_

Email Address: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

CSV Code: \_\_\_\_\_

Signature: \_\_\_\_\_