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-0538
Order Number	17053
Invoice Date	May 22, 2025
Total Due	**$200.00**

Terms: Due Upon Receipt

Job Title	Company Name
Major Gift Officer	Bethesda Hospitals | TriHealth

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