



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-0551
Order Number	17411
Invoice Date	September 10, 2025
Total Due	\$200.00

Terms: Due Upon Receipt

Job Title	Company Name
Community Engagement 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

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: _____