



ALABAMA  
NURSING  
HOME  
ASSOCIATION

## 2014 ANHA Calendar Order Form

Please complete and mail for fax this form to:

**Attention: Kerri Parker**  
**Alabama Nursing Home Association**  
**4156 Carmichael Road**  
**Montgomery, AL 36106**  
**Fax: (334) 244-6509**

### Shipping Information:

Facility/Company Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Person Ordering \_\_\_\_\_

Number of Calendars  at \$10.00 each

### Payment Information:

\_\_\_ Bill Me (Facility Members Only)

Subtotal \_\_\_\_\_

\_\_\_ Payment Enclosed

Tax (10%) \_\_\_\_\_

Check Number \_\_\_\_\_

TOTAL \_\_\_\_\_

\_\_\_ Visa/Mastercard (circle one)

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

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

Signature \_\_\_\_\_



**For ANHA Use Only: DATE RECEIVED \_\_\_\_\_ DATE SHIPPED \_\_\_\_\_**