



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 _____