

Faces of Long Term Care Calendar

Pricing for the 2018 Calendar

\$8.00 each for 10 or less
\$6.00 each for more than 10

Name

Company/Facility Name

Address

City

State

Zip

Phone

E-Mail Address

Check

If paying by check, make your check out to CAHF, and mail this form and your check to CAHF, 2201 K Street, Sacramento, CA 95816.

Credit Card

If paying by credit card, include the following information and fax this to CAHF at 916-446-4454.

Visa

Mastercard

American Express

Name on Card

Card Number

Security Code

Signature