



## "PROVIDING CHOICE" ORDER FORM

### Shipping and Billing Information

**Business:** \_\_\_\_\_  
**Contact Person & Title:** \_\_\_\_\_  
**Street Address:** \_\_\_\_\_  
**City/State/Zip:** \_\_\_\_\_  
**Telephone:** \_\_\_\_\_  
**Email:** \_\_\_\_\_

PUBLICATION	QUANTITY	PRICE	TOTAL
<i>Providing Choice</i>	___ Sets of 50	\$100 per Set of 50	\$ _____
		KALFA Member	
<i>Providing Choice</i>	___ Sets of 50	\$125 per set of 50	\$ _____
		Non-KALFA Member	
		Ky. Sales Tax – 6%	\$ _____
		Total Cost	\$ _____

Your total invoice from KALFA will be based upon the quantity ordered, sales tax (if applicable) and the actual expense for packaging and shipping.

Please return this order form by e-mail attachment to  
[kalfa@kentuckyassistedliving.org](mailto:kalfa@kentuckyassistedliving.org) or by fac to 502-805-0589

You may also pay by credit card. See form attached.

Questions? – Please call us at 502-938-5102.

Thanks for your order!!!