

INVOICE

Familia Unida Living with MS

You are not alone!

DATE: _____

4716 East Cesar E. Chavez Ave., Los Angeles, CA. 90022

Phone: 323-261-5565 Fax: 323-261-5999

info@msfamiliaunida.org

To: Name _____
Company Name _____
Address _____
City _____
State _____
Zip _____
Phone _____
Email _____

PAYMENT TERMS

Due on receipt

| DESCRIPTION | AMOUNT |
|---------------------------------------|--------|
| Towel-level Amigo: \$4,999 - \$2,500 | |
| Bucket-level Amigo: \$2,499 - \$1,000 | |
| Water-level Amigo: \$999 - \$500 | |
| Bubble-level Amigo: \$499 - \$50 | |
| Surprise Amigo: Any Amount! | |
| | |

Make all checks or money orders payable to Familia Unida Living with Multiple Sclerosis

THANK YOU FOR YOUR GENEROUS SUPPORT!