

ACCOUNT	DATE	INVOICE
2847196	04/24/19	55412



**PRIDE PRINTING**  
**&**  
**MAILING SERVICES**

# INVOICE

TO:

CARE CLINIC  
1213 N. THIRD STREET  
MARQUETTE, MI 49855

JOB : GRAPHIC DESIGN

QTY	DESCRIPTION	PRICE
1	EDIT PLEDGE FORM	25.00

ACCEPTED BY:

Signature \_\_\_\_\_

Date \_\_\_\_\_

NET 25.00

SHIPPING 0.00

TAX 0.00

TOTAL \$25.00

CARE CLINIC  
1213 N. THIRD STREET  
MARQUETTE, MI 49855

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AMOUNT
\$25.00

Pride Printing & Mailing Services  
2847 U.S Hwy 41 W  
Marquette, MI 49855