

CENTER FOR BUILDING HOPE RECEIVES \$6.00 FROM EVERY CALENDAR PURCHASED!!!!

Caregivers' Comfort

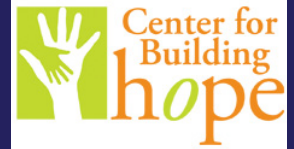
Creations® LLC

www.caregiverscomfort.com

16-Month 2015 Caregivers' Inspirational Planning Calendars for

MORE THAN JUST CALENDARS!

12" x 12" wall calendar, stiffener, shrink wrapped, 100# text gloss, 32 pages.



The Caregiver Is Able To:

- Record Patient Notes and Observations
- Record kindnesses/gifts from friends and relatives
- Record daily activities in large boxes and use Notes space
- Record Caregiver Resources for your important numbers
- Learn nationally designated health focuses for each month
- Personally Relate to Caregivers' Job Description and Responsibilities
- Make themselves the priority with Monthly "To Dos" for Caregivers
- Be inspired with Inspirational messages written just for Caregivers
- Utilize extra monthly Calendar for Patient Appointments and Medications

Email, Mail or call orders to
on behalf of **CUTTING loose SALON**
Center for Building hope

8429 Honore Ave. University Park, FL 34201
This Order Form is linked to
www.cuttingloosesalon.net
for emailing OR order your calendars and
pay at your Cutting Loose Salon location.
Any questions contact Molly Dennehy
Marketing Director
Email: marketing@cuttingloose.net
Phone: 941-358-6000

Billing Information:
Method of payment. Check one.
 Check Money Order AmEx
 Discover Mastercard Visa
Make Checks or Money Orders payable to:
Cutting Loose Salon

Item	Price	Quantity	Total
Caregivers Calendar	\$14.99		
Veterans' Caregivers Calendar	\$14.99		
			Grand Total

Order Deadline: No later than Nov. 14th 2014 ^{Per Calendar}
Calendars available Dec. 2 through Dec. 16 2014.

Calendars ordered will be available Dec. 2 through Dec. 16. Pick up your order at the Cutting Loose location of your choice: (check one)

- ___ 8429 Honore Ave University Park 34201 941-358-6000
- ___ 1950 Main Street Sarasota 34236 941-365-5586
- ___ 5820 Ranch Lake Blvd. Lakewood Ranch, 34202 941-404-7100

Name of Cardholder: _____ Credit Card Number: _____
Exp. Date: _____ Security Code: _____ (3 Digits on the reverse of the card) (4 Digits on front for AmEx)
Billing Address: _____
City: _____ State: _____ Zip Code: _____
Phone Number: _____ Email: _____

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