Ascend Cares Foundation

NON NEGOTIABLE

5000000931

FOR INQUIRIES CALL:

Ascend Cares Foundation (850) 968-8686

Vendor Number: 703350

Invoice Number	Date	Gross Amount	Discount/Wthld	Net Amt	Comments
GOLD032619	03/26/2019	2,893.82	0.00	2,893.82	
Sum Total		2,893.82	0.00	2,893.82	

REMITTANCE ADVICE: The attached check is in full payment of invoices or other charges listed.

THIS DOCUMENT IS PRINTED IN TWO COLORS. DO NOT ACCEPT UNLESS BLUE AND BROWN ARE PRESENT.

Ascend Cares Foundation
1010 Travis Street, Suite 900
HOUSTON, TX, 77002-5917

Bank Of America **5000000931**

32-1 / 1110 TX Date 04/22/2019

VOID IF NOT CASHED WITHIN SIX MONTHS

Pay *TWO THOUSAND EIGHT HUNDRED NINETY-THREE********** & Cents *EIGHTY-TWO**** USD $ *********2,893.82*

Pay to the order of CITY OF FOLEY FIRE DEPARTMENT

Memo _____

Authorized Signature

⑈5000000931⑈ ⑆111000012⑆ 44271669631⑈