

2-1-1 United Way of
Greater Atlanta

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GREATER ATLANTA RESOURCE GUIDE

CREDIT CARD INFORMATION

Credit Card Number: _____
Expiration Date: _____
Cardholder Name: _____
Street Address: _____
City: _____ **State** _____ **Zip Code:** _____

CREDIT CARD TYPE *(Please circle)*

MasterCard

Visas

American Express

Discover

Signature: _____

Order by phone (404) 614-2908

Fax# (404) 827-9319

Name: _____ **Phone:** _____

Organization: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Email: _____

\$30 per directory

Mail check or money order to:

United Way 211

Attn: Hector Vargas

P. O. Box 2692

Atlanta, GA 30301