



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) 527-7200 ext. 2908
Fax# (404) 891-0814

Name: _____ Phone: _____
Organization: _____
Address: _____
City: _____ State: _____ Zip: _____
Email: _____

\$35 per directory

Mail check or money order to:
United Way 211
Attn: Hector Vargas
P. O. Box 2692
Atlanta, GA 30301