

Date: \_\_\_\_\_

# INVOICE

## Bylaws Toolkit, Updated 2009 Edition

Name \_\_\_\_\_

Company Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_

Email Address \_\_\_\_\_

**Amount Due (select one):**

Member \$35.00 |  Non-Member \$55.00

**Make checks payable to:** Community Action Program Legal Services, Inc.

**Submit PAYMENT and INVOICE to:**

CAPLAW  
178 Tremont Street, 10th Floor  
Boston, MA 02111

**Delivery:** Upon receipt of payment, a PDF of the *Bylaws Toolkit* will be sent to the email address provided above.