

Senior Housing Directory Order Form

Name _____

Street Address _____

City _____

State _____

Zip _____

Phone Number _____

E-mail Address _____

How did you hear about us? _____

Include Check for \$6.00 Payable to Senior Housing Directory

and mail to:

Senior Housing Directory
c/o Care Options Network
7625 Metro Blvd., Suite 120
Minneapolis, MN 55439

THANK YOU!