

Public News Service
3980 Broadway Street
Suite 103, Box 139
Boulder, CO 80304

Annual Renewal Invoice

Nevada News Service

Nevada Statewide Independent Living Council
 Attn: Dawn Lyons
 P.O. Box 33386
 Las Vegas, NV 89133

<i>DATE</i>	<i>INVOICE #</i>
12/1/2023	32544

<i>Invoice Period</i>	<i>Description:</i>	<i>Amount</i>				
1/1/2024 - 12/31/2024	<p>For your support in the Nevada News Service</p> <p>If the amount on your invoice is incorrect based on your current budget, please pay the appropriate level below and we will adjust things at our end. Here is the current fee structure:</p> <p>Full funding for groups with budgets \$500,000 and more (or multi-member coalitions) = \$5,500 Organizations with budgets between \$350,000 and \$499,999 (scholarship) = \$4,500 Organizations with budgets between \$200,000 and \$349,999 (scholarship) = \$3,500 Organizations with budgets under \$200,000 (scholarship) = \$2,500 Spanish story translations (additional per membership) = \$2,500</p>	<table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td style="text-align: center;"><i>Due Date</i></td> </tr> <tr> <td style="text-align: center;">12/25/2023</td> </tr> </table> <div style="text-align: right;"> <table border="1"> <tr> <td style="text-align: right;">Total</td> <td style="text-align: center;">\$3,500.00</td> </tr> </table> </div>	<i>Due Date</i>	12/25/2023	Total	\$3,500.00
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12/25/2023						
Total	\$3,500.00					

If you have any questions, please contact us at 303.448.9105 or payments@publicnewsservice.org

If you would like to pay via direct deposit, please remit payments on Bill.com to payments@publicnewsservice.org

Please make check out to Public News Service: cut the bottom off and mail it with your payment. Thank You!

For those that need it, our EIN # is 82-0511533 which is tied to Creative Communications, Inc.

From:

Nevada Statewide Independent Living Cou
 Attn: Dawn Lyons
 P.O. Box 33386
 Las Vegas, NV 89133

Please Note: Renewal invoices are for the full amount. However, arrangements can be made to pay in installments depending on payment history. Please sign below to acknowledge responsibility for the full amount.

Signature: _____

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