

CharterSAFE

BE SAFE • FEEL SAFE

INVOICE

Invoice Date: May 22, 2024

Account Number: 1141

INSURED: Teach, Inc.

CONTACT: Matt Brown

ADDRESS: 10600 S. Western Ave.
Los Angeles, CA 90047

Member Contribution for Policy Year 2024-2025

(Choose one option)	Amount	Use ACH	Due Date
<input type="checkbox"/> Payment in Full	\$292,540.00	<input type="checkbox"/>	Due Now

Installment Plan:

Deposit (25%)	\$73,135.00	<input type="checkbox"/>	Due Now
Monthly Installment	\$24,378.00	<input type="checkbox"/>	August 01, 2024

9 installments due the 1st of every month

ACH PAYMENT OPTION!

See attached ACH form if you wish to take advantage of this payment option for Payment in Full, 25% Deposit, Monthly Installment or both 25% Deposit and Monthly Installment payments.

Please Remit All Payments To:

CharterSAFE
P.O. Box 969
Weimar, CA 95736

Questions/Comments:

Whitney Delano
Managing Director of Operations and
Communications
Email: wdelano@chartersafe.org

Payment in Full or 25% Deposit are due at the time the proposal is accepted by signing and submitting Member Contribution Summary page of this proposal. CharterSAFE membership, including insurance coverage, is subject to cancellation for any invoice over sixty (60) days past due.