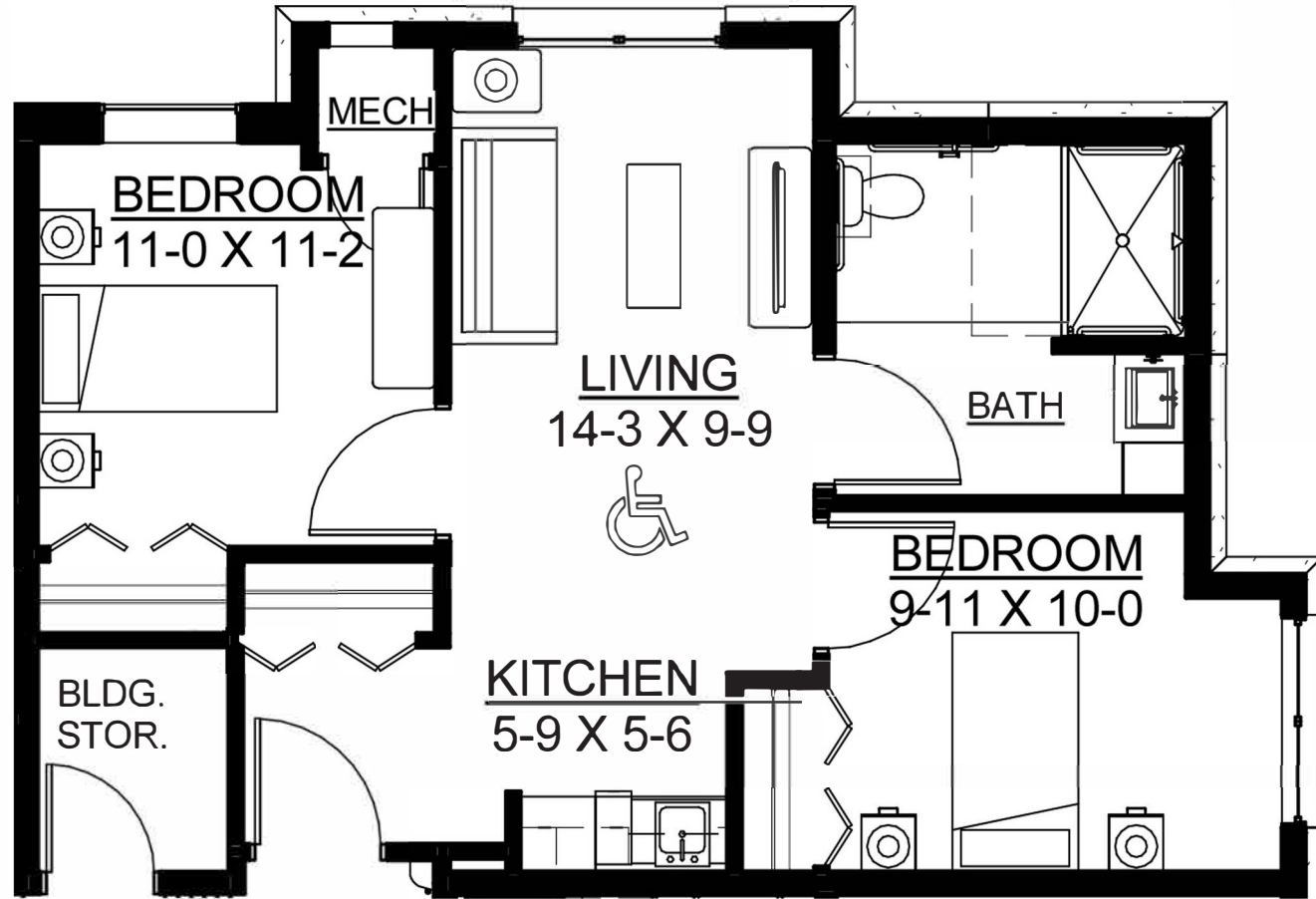


**COOPER**  
MEMORY CARE  
**TWO BEDROOM**

715 SF

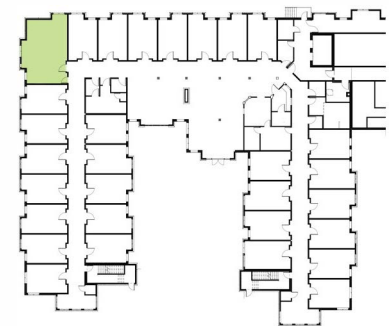


Date \_\_\_\_\_ Residence \_\_\_\_\_ By \_\_\_\_\_

One Time Community Fee    Monthly Fee    2nd Person Fee    Other

Total Monthly Fee

**RESIDENCE LOCATOR:**



**1ST FLOOR**