

Mail to:

Presbyterian Village
2000 East-West Connector
Austell, Georgia 30106



Oasis Priority Member Agreement

OASIS PRIORITY PROGRAM

_____, Oasis Priority Member(s), hereafter referred to as 'Priority Member(s)' is (are) interested in exploring residency at Presbyterian Village Cobb. The Priority Member is providing payment to Presbyterian Village Cobb in the amount of \$500 for the purpose of obtaining a Priority Number at Presbyterian Village Cobb. The Priority Member understands that they will be issued a Priority Number on a first-come, first-served basis in order of receipt of priority reservation forms.

All decisions regarding priority of receipt will be at the sole discretion of Presbyterian Village Cobb. The Priority Member understands that they will be notified in writing regarding assigned Priority Number within approximately two weeks of receipt of this form.

The Priority Member also understands that individuals with Priority Numbers will be given an opportunity to see finalized floor plans and pricing, to sign a Reservation Deposit Agreement and submit a 10% deposit to reserve the residence of their choice at Presbyterian Village Cobb. If the Priority Member signs the Reservation Deposit Agreement, the \$500 will be applied to the 10% deposit due at that time. If the Priority Member declines to sign the Reservation Deposit Agreement within a 30-day period after notification, the \$500 deposit will be refunded within approximately 30 days.*

You may reach me (us) regarding my (our) Priority Number at:

Name(s):

Address:

City:

State:

Zip Code:

Phone: ()

Cell Phone: ()

Email:

Signature:

Date:

Please use the enclosed envelope to mail or deliver in person this completed form along with your payment.
Choose how you would like to make your fully-refundable deposit to become an Oasis Priority Member.

SELECT ONE:

- ☐ **\$500 secure online payment** by scanning the QR code (right)
- ☐ **\$500 check payable to:** Presbyterian Village (enclose check)
- ☐ **\$500 credit card payment** (fill in the information below):

☐ Visa ☐ Mastercard ☐ Amex ☐ Discover

Name on Card _____

Credit Card Number _____

Exp Date _____ CSC _____

Signature _____



INTERNAL USE ONLY

Received by date: _____

Priority Number assigned: _____



*Deposits will be held in a federally insured bank. You may obtain a full refund at any time; however, you will forfeit your Priority Number.