



Credit Card Payment Information:

Charge To: Visa MasterCard AMEX Discover

Name on Credit Card: _____

Facility: _____ District _____

Circle One: This is a facility credit card This is a personal credit card

Card Card # : _____

Exp. Date: _____ Security Code: _____

Billing Address: _____

City/State: _____ Zip _____

Amount Authorized: _____

Email or text for receipt: _____

Signature: _____

Date: _____

Send all inquiries to:

Mary D. Spikes
P.O. Box 4143
Seminole, FL 33775
Email: marydspikes1@aol.com
Phone # (727) 433-0863
Fax # (727) 289-8202
www.fhcaca.org