



Payment Information:

Check (Payable to FHCACA)

Charge To: Visa MasterCard AMEX Discover

Name on Card: _____

Card #: _____

Exp. Date: _____ Security Code: _____

Fax #: _____

Billing Address: _____

City /State: _____ Zip _____

Amount Authorized: _____

Email or text for receipt: _____

Signature: _____

Send all inquiries to:

Mary D. Spikes

P.O. Box 21492

St. Petersburg, Florida 33742

Cell: (727) 433-0863

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