



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 # : _____

Exp. Date: _____ Security Code: _____

Billing Address: _____

City /State: _____ Zip _____

Amount Authorized: _____

Email or text for receipt: _____

Signature: _____

Date: _____

Send all inquiries to:

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Phone # 433-0863
Fax # 289-8202
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