



## Payment Information:

Check (Payable to FHCACA)

Charge To:  Visa  MasterCard  AMEX  Discover

Name on 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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