



# Carolinas Christian Athletic Association

## Donation Payment Authorization

**PLEASE PRINT THE FOLLOWING INFORMATION:**

PERSON / COMPANY AUTHORIZING DONATION(s):

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE (\_\_\_\_\_) \_\_\_\_\_ MOBILE (\_\_\_\_\_) \_\_\_\_\_

One Time Donation of \$ \_\_\_\_\_ Monthly Donation of \$ \_\_\_\_\_ / month

# of Monthly Donations \_\_\_\_\_ First Monthly Donation Date: \_\_\_\_\_, \_\_\_\_\_  
(month) (Day) (year)

Pay by Check/Bank Draft \_\_\_\_\_ Pay by Credit Card \_\_\_\_\_: Visa MC AmEx Discover

To Charge to your checking account - ATTACH VOIDED CHECK HERE  
(use tape for faxing)  
DO NOT USE DEPOSIT SLIP

To Charge to Credit Card

Card # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Exp. Date \_\_\_\_\_ Billing Zip Code \_\_\_\_\_

**I hereby authorize charges as specified above.**

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
DATE

**Please Fax to 704-323-7004 OR Mail to: CCAA, PO Box 78395, Charlotte, NC 28271-7031**

Thank you so much for your generous donation. You can be sure that your gift to CCAA will be used for to further the message of Jesus Christ through High School athletics. CCAA is a 501(c)(3) non-profit corporation.

Please consult your tax advisor as to the tax deductibility of this donation.

*And whatever you do in word or deed, do all in the name of the Lord Jesus,  
giving thanks to God the Father through Him. -Colossians 3:17*