



Carolinas Christian Athletic Association

Payment Payment Authorization

PLEASE PRINT THE FOLLOWING INFORMATION:

PERSON / COMPANY AUTHORIZING PAYMENT(s):

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE (_____) _____ MOBILE (_____) _____

Payment for: _____

One Time Payment of \$ _____

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 _____ C V V 2 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 payment. 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 payment.

*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*