

# CCCCA Advertisement Payment

Date \_\_\_\_\_

Full Name \_\_\_\_\_

Business Name \_\_\_\_\_

Address \_\_\_\_\_

City, State and Zip \_\_\_\_\_

Phone Number \_\_\_\_\_

E-Mail Address \_\_\_\_\_

	<u>Period</u>	<u>Cost</u>
<input type="checkbox"/> Commercial	_____	_____
<input type="checkbox"/> Non-Commercial	_____	_____

Please complete this form, scan it and email it to [fjalics@yahoo.com](mailto:fjalics@yahoo.com) with the proof of the payment.

Make your check title to CCCCCA. Please note it is for advertisement.  
The mailing address is:  
CCCCCA  
6200 SOM Center Road  
B21  
Solon, OH 44139