

# 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 and send it with your check payable to: CCCCCA  
and mail to: CCCCCA

1244 Boettler Rd.  
Uniontown, OH 44685

**Your canceled check will be your receipt. Thank you!**