



2009-2010 CACCE Membership Investment Payment Form

Name of Chamber _____

Amount Remitted _____

Credit Card Type: VISA MasterCard Discover Am/Ex

Credit Card Number _____

Ex. Date _____ **Three Digit Code on Back of Card** _____

Billing Address for Credit Card _____

Name on Card _____

Signature _____

(Please note that The Greater Columbia Chamber will appear on you credit card bill. A billing address with zip code and the three digit code is required for all credit card payments.)

If paying by credit card, please fax to CACCE at 803.733.1149

If paying by check, make check payable to CACCE and remit to:
CACCE * P.O. Box 1360 * Columbia, SC 29202

Thank you for your support!

Please fill out the below information to make sure our records are updated!

Chamber Executive: _____

Phone: _____ Email: _____

Membership Director: _____

Phone: _____ Email: _____

Mailing Address: _____

