



Season Tickets Order 2016

Print and mail with your check or credit card information to:

Highlands Cashiers Players
P.O. Box 1416
Highlands, NC 28741

___ Check

___ Credit card (VISA or Mastercard) _____

Exp. date _____ V-code (required) _____ (3 digit code)

New HCP Subscriber? ___ yes ___ no

Name: _____

Credit Card Mailing Address: _____

Phone(s): _____

E-Mail: _____

Number of Season Tickets: _____ x \$85.40 = \$ _____

I'd like to make a tax deductible contribution: \$ _____

TOTAL: \$ _____

HCP is a not-for-profit 501(c)(3) organization.

Contributions are tax deductible to the extent allowed by law.