



**Yes!** I want to give my support to the **LFOA Inc. Statewide Talent Show** with my **TAX-DEDUCTIBLE** gift or pledge in the amount of \$ \_\_\_\_\_

Enclosed is my check payable to the **LFOA STW Talent/Gale Davis**

Charge my credit card:

VISA  MC  AMERICAN EXPRESS  DISCOVER

Name on card: \_\_\_\_\_

Card Number \_\_\_\_\_

Expiration Date \_\_\_\_\_ CVV CODE \_\_\_\_\_

Signature \_\_\_\_\_

Please bill me \_\_\_\_\_ Monthly \_\_\_\_\_ Quarterly \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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Business phone \_\_\_\_\_ Cell phone \_\_\_\_\_

**Mail Checks to: LFOA STW Talent/Gale Davis, P. O. Box 6144, Sherwood, AR 72124**