
YES, I AM ABLE TO HELP! Enclosed is my tax-deductible contribution.

**PLEASE COMPLETE THE FORM BELOW AND RETURN IT WITH YOUR DONATION IN
THE ENCLOSED ENVELOPE**

First/Last Name

Address

City

State

Zip Code

Home Phone

E-Mail Address

Donation Information:

Enclosed is my Check/Credit Card Donation in the amount of \$ _____

Please make checks payable to: West Valley Light Opera (WVLO)

Please charge my (circle one):

Mastercard

Visa

Account Number

Exp. Date

Name on Card (Please Print Clearly)

Signature _____

mail to: West Valley Light Opera, PO Box 779, Los Gatos, CA 95031
