

Vendor Sign Up Form

Credit Card Processing Form:

Name:		
Name Of Business:		
Email Address:		
Name of the Event Atten	nding:	
Payment Accepted are:	() Check() Credit card() Cash	
•	ole. Must use a white table cloth that cover derneath. No product is to be showing on and clean.	
Check Yes or No if you with the Shirley Mae Do () Yes () No	want to participate in other fundraisers assove Foundation.	sociated

() Amex () Discover () MasterCard () Visa
Name on Card as it appears:
Expiration Date:
Cvc Code On Back:
Billing Zip Code:
If you like to have a confirmation on receipt of payment, what email address would you like it sent?

Please mail back vendor sheets to: The Shirley Mae Dove Foundation 1411 Roosevelt Avenue Lehigh Acres, Fl 33972