



Please FILL OUT

Business Name: _____

Business Address: _____

Contact Email: _____

SELECT PROGRAM AD SIZE

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Please attach your payment to this form &
mail to **300 Hilltop Drive, Abilene, KS**
67410, ATTN: Leah Perry.

Make checks out to "OAFA, Inc."

Please email your business logo to
leahperry1021@gmail.com.