

**SHADES OF ROMANCE MAGAZINE  
SUBSCRIPTION**

**NAME** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

**CITY** \_\_\_\_\_

**STATE/ZIP** \_\_\_\_\_

**EMAIL** \_\_\_\_\_

**PDF-10.00** \_\_\_\_\_

**PRINT-25.00** \_\_\_\_\_

**Make payment (money order/check) to:**

**LaShaunda Hoffman  
7127 Minnesota Ave  
St. Louis, MO 63111**

\_\_\_\_\_ **Published Author** \_\_\_\_\_ **Editor** \_\_\_\_\_ **Agent**

\_\_\_\_\_ **Aspiring Author** \_\_\_\_\_ **Reader** \_\_\_\_\_ **Publicist**