

Company Name: _____

Contact Name: _____

Contact Phone Number: _____

Ad Size (Mark One): Full ½ ¼

Total Cost: \$ _____ Send Bill

Payment Type: Cash Check

Payment Date: ____/____/____

Notes:

Please Return To:



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Quarter Page :: 3.75" x 5" :: \$25

Half Page :: 8" x 5" :: \$50

Full Page :: 8" x 10.5" :: ~~\$80~~ NOW JUST \$75!