

# SCA SHOPPER READER AD FORM

1. \_\_\_\_\_

2. \_\_\_\_\_ (10 words \$8.50)

3. \_\_\_\_\_  
*(Each additional word 10¢) one word per space.*

4. \_\_\_\_\_

5. \_\_\_\_\_

6. \_\_\_\_\_

7. \_\_\_\_\_

8. \_\_\_\_\_

For Office Use Only • 02/20

## Shopper Dates to run & Price per week

\_\_\_/\_\_\_ = \$ \_\_\_\_\_ \_\_\_/\_\_\_ = \$ \_\_\_\_\_

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## Hi-Lites Dates to run & Price per week

\_\_\_/\_\_\_ = \$ \_\_\_\_\_ \_\_\_/\_\_\_ = \$ \_\_\_\_\_

\_\_\_/\_\_\_ = \$ \_\_\_\_\_ \_\_\_/\_\_\_ = \$ \_\_\_\_\_

First 10 words ..... **\$8.50**

Each Addt'l Word \_\_\_ x 10¢ ea. \_\_\_\_\_

All Bold, 50¢ addt'l..... \_\_\_\_\_

Border, \$1.00 addt'l..... \_\_\_\_\_

Larger Heading, \$1.00 addt'l..... \_\_\_\_\_

Same Ad 2nd week 1/2 Price ..... \_\_\_\_\_

**TOTAL ENCLOSED**..... \_\_\_\_\_

*(Info used for billing purposes only)*

Name \_\_\_\_\_

Phone \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Zip Code \_\_\_\_\_

**WE ACCEPT MASTERCARD & VISA**  
 Card Number

Expiration Date \_\_\_/\_\_\_ CVV: \_\_\_\_\_

*Mail or bring to:*  
**SCA Shopper**  
 PO Box 122, Ovid, NY 14521  
**Deadline: Thursday at 9:00am**  
**REMEMBER OUR SPECIAL**  
 Buy One Ad Get the Second  
**1/2 PRICE**  
*Must be prepaid*