

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

**Shopper Dates to run
& Price per week**

___/___ = \$ _____ ___/___ = \$ _____

___/___ = \$ _____ ___/___ = \$ _____

___/___ = \$ _____ ___/___ = \$ _____

___/___ = \$ _____ ___/___ = \$ _____

___/___ = \$ _____ ___/___ = \$ _____

___/___ = \$ _____ ___/___ = \$ _____

**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 to:
SCA Shopper
 PO Box 122, Ovid, NY 14521
 or bring to:
 1885 SR 96A, Ovid, NY 14521
Deadline:
Monday at 9:00am
Classified ads must be prepaid