

SCA SHOPPER READER AD FORM

1. _____

2. _____

3. _____

(Each additional word 10¢) one word per space.

4. _____

5. _____

6. _____

7. _____

8. _____

(10 words: \$10.00)

First 10 words..... **\$10.00**

Each Addt'l Word ____ x 10¢ ea. _____

All Bold, 50¢ addt'l..... _____

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

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

TOTAL ENCLOSED..... _____

(Info used for billing purposes only)

Name _____

Phone _____

Address _____

_____ Zip Code _____

WE ACCEPT MASTERCARD & VISA
Card Number

Expiration Date ____/____/____ CVV: _____

For Office Use Only

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

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

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

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

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

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

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

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

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

Mail to:
SCA Shopper
PO Box 122, Ovid, NY 14521
or bring to:
1885 St. Rt. 96A, Ovid, NY
14521
Deadline: Friday at 3:00pm
Classified ads must be prepaid