

SCA SHOPPER READER AD FORM

_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
				(first 10 words: \$11.00)
(Each additional word 10¢, one word per space.)				
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

First 10 words..... **\$11.00**

Each Addt'l Word ____ x 10¢ ea _____

All Bold, \$.50 additional _____

Border, \$1.00 additional _____

Larger Heading, \$1.00 addt'l _____

Cost per week x ____ weeks = ... _____

TOTAL ENCLOSED \$ _____

Name _____

Phone _____

Address _____

WE ACCEPT MASTERCARD & VISA

Card Number _____ - _____ - _____ - _____

Exp. Date ____/____/____ CVV: _____ Billing Zip Code _____

Name on Card _____

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

unless otherwise noted (holidays, etc.)

Classified ads must be prepaid.