

FOR OFFICE USE ONLY: Date submitted: _____ Amt. Paid: _____ Initials: _____



SENIOR CENTER TIMES

Classified Advertising Form 2010

ALL ADS MUST BE PREPAID AND SUBMITTED BY THE 1st OF THE MONTH PRIOR TO PUBLICATION.

Name: _____

Address: _____

City, State, Zip: _____

Phone: () _____ Fax: () _____

Email: _____

_____ **Member (\$7 per ad/ 25 word maximum)**

_____ **Non-Member (\$12 per ad/ 25 word maximum)**

**You may purchase an additional 25 words; 50 word maximum.*

_____ **Total number of months ad is to appear:** *Please indicate month(s) below.*

January

April

July

October

February

May

August

November

March

June

September

December

Category *(please circle):* **Services Buy/Sell Products For Rent Help Wanted Other**

Classified Ad to Read: *(or attach typed copy)*

SENIOR CENTER TIMES is a monthly newsletter publication of Senior Center, Inc.
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