

**FOR OFFICE USE ONLY:** Date submitted: \_\_\_\_\_ Amt. Paid: \_\_\_\_\_ Initials: \_\_\_\_\_



## SENIOR CENTER TIMES

Classified Advertising Form 2012

**ALL ADS MUST BE PREPAID AND SUBMITTED BY THE 1<sup>ST</sup> 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 or email copy to [virginia@seniorcenterinc.org](mailto:virginia@seniorcenterinc.org))*

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