

## **PROGRAM AD FORM**

| \$300 Half-Page \$45  | O Full Page 🔲 \$300 Grandparent Ha  | If Page  \$375 Grandparent Full-Page |
|---|---|--------------------------------------|
| Name:   |   |                                      |
| Address:  |   |                                      |
| City:   | State:  | Zip:                                 |
| Contact:  | Phone:  |                                      |
| Email:  |   |                                      |
| AD COPY  Same Ad Copy as Same Ad Copy with New Ad Copy Atta New Ad Copy will  Special Instructions: | h Changes Attached  |                                      |
| Sold By:  |   | Phone:                               |
| Make checks pay   | vable to Macon Civic Club • Enter Cred<br>Contact your tax advisor to determine ta: |                                      |
| Name on Card:   |   | Billing Zip:                         |
| Card Number:  | CVC Code:   | EXP Date:                            |

## Return Form and Ad Copy to: