

SCA SHOPPER READER AD FORM

For Office Use Only • 09/16

Shopper Dates to run & Price per week

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

Hi-Lites Dates to run & Price per week

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

1. _____
2. _____
3. _____
(Each additional word 10¢) one word per space.
4. _____
5. _____
6. _____
7. _____
8. _____

(10 words \$8.00)

First 10 words..... **\$8.00**

Each Addt'l Word ___ x 10¢ ea. _____

All Bold, 50¢ addt'l..... _____

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

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

Same Ad 2nd week 1/2 Price _____

TOTAL ENCLOSED _____

(Info used for billing purposes only)

Name _____

Phone _____

Address _____

_____ Zip Code _____

WE ACCEPT MASTERCARD & VISA
Card Number

Expiration Date ___/___ CVV: _____

Mail or bring to:
SCA Shopper
 1885 SR 96A, Ovid, NY 14521
Deadline: Thursday at Noon
REMEMBER OUR SPECIAL
 Buy One Ad Get the Second
1/2 PRICE
Must be prepaid