

# SCA SHOPPER READER AD FORM

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

First 10 words..... **\$9.00**  
 Each Addt'l Word \_\_\_\_ x 10¢ ea. \_\_\_\_\_  
 All Bold, 50¢ addt'l..... \_\_\_\_\_  
 Border, \$1.00 addt'l..... \_\_\_\_\_  
 Larger Heading, \$1.00 addt'l..... \_\_\_\_\_  
**TOTAL ENCLOSED**..... \_\_\_\_\_

*(Info used for billing purposes only)*

Name \_\_\_\_\_

Phone \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Zip Code \_\_\_\_\_

**WE ACCEPT MASTERCARD & VISA**

Card Number \_\_\_\_\_

\_\_\_\_\_

Expiration Date \_\_\_/\_\_\_/\_\_\_ CVV: \_\_\_\_\_

*For Office Use Only*

**Shopper Dates to run  
& Price per week**

\_\_\_/\_\_\_ = \$\_\_\_\_\_ \_\_\_/\_\_\_ = \$\_\_\_\_\_

\_\_\_/\_\_\_ = \$\_\_\_\_\_ \_\_\_/\_\_\_ = \$\_\_\_\_\_

\_\_\_/\_\_\_ = \$\_\_\_\_\_ \_\_\_/\_\_\_ = \$\_\_\_\_\_

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\_\_\_/\_\_\_ = \$\_\_\_\_\_ \_\_\_/\_\_\_ = \$\_\_\_\_\_

\_\_\_/\_\_\_ = \$\_\_\_\_\_ \_\_\_/\_\_\_ = \$\_\_\_\_\_

**Hi-Lites Dates to run  
& Price per week**

\_\_\_/\_\_\_ = \$\_\_\_\_\_ \_\_\_/\_\_\_ = \$\_\_\_\_\_

\_\_\_/\_\_\_ = \$\_\_\_\_\_ \_\_\_/\_\_\_ = \$\_\_\_\_\_

*Mail to:*

**SCA Shopper**

PO Box 122, Ovid, NY 14521

or bring to:

1885 SR 96A, Ovid, NY 14521

**Deadline:**

**Monday at 8:00am**

*Classified ads must be prepaid*