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**Business Name** (PLEASE PRINT) \_\_\_\_\_

Contact Name \_\_\_\_\_

Billing Address \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

E-mail \_\_\_\_\_

PAYMENT:  CHECK  CASH    

Please bill me. Authorized Signature \_\_\_\_\_

**Run Ad On:**

**2009**

Nov  6  13  
 20  27

Dec  4  11  
 18  25

**2010**

Jan  1  8  
 15  22  
 29

Feb  5  12  
 19  26

Mar  5  12  
 19  26

April  2  9  
 16  23  
 30

May  7  14  
 21  28

June  4  11  
 18  25

July  2  9  
 16  23  
 30

Aug  6  13  
 20  27

Sept  3  10  
 17  24

Oct  1  8  
 15  22  
 29

Nov  5  12  
 19  26

Dec  3  10  
 17  24  
 31

2

**NUMBER OF ISSUES AD WILL RUN:**  1X  4X  8X  16X  26X  52X  Other \_\_\_\_\_

**TYPE OF AD:**

**DISPLAY AD: (PLEASE FILL IN SIZE)**  
 \_\_\_\_\_ Columns by \_\_\_\_\_ Inches High  
 **FULL COLOR AD: (ADDITIONAL \$100.00 PER ISSUE)**

**CLASSIFIED AD: (PLEASE FILL IN SIZE) \$15.00 PER COLUMN INCH**  
 \_\_\_\_\_ Columns by \_\_\_\_\_ Inches High

**LEGAL/PUBLIC NOTICE (PLEASE FILL IN SIZE)**  
 \_\_\_\_\_ Word Count \_\_\_\_\_ Price (contract ONLY)  
 \_\_\_\_\_ Columns by \_\_\_\_\_ Inches High (\$12.50 per column inch)

**INSERTION AD: (MUST SPECIFY QUANTITY & ZIP CODES BELOW)**  
 Number of Inserts \_\_\_\_\_  
 Zip code(s) \_\_\_\_\_

**BUSINESS DIRECTORY AD:**  
 **Single Size**  **Double Size**  Horizontal  Vertical

**WEBSITE AD: PLACEMENT** \_\_\_\_\_ **# MONTHS** \_\_\_\_\_

3

**ARTWORK:**

Camera-ready artwork (clean black & white copy only - screened or halftone images cannot be reproduced).

Electronic Files to be furnished. Please e-mail to: [graphics@purcellvillegazette.com](mailto:graphics@purcellvillegazette.com). For Correct file formats please refer to media kit or call : 888-662-1224.

Artwork needed (additional charge may apply). Call 888-662-1224 for more information.

**ARTWORK DEADLINE: Friday 5:00 PM. ONE WEEK PRIOR TO PUBLICATION DATE.**

**SPECIAL INSTRUCTIONS** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

ADVERTISING DEADLINE: **Friday 5:00 PM.** One Week Prior to Publication Date.  
 PLEASE FAX THIS FORM TO 540-662-1021

Date Filed: \_\_\_\_\_  
 (For internal use)