

ADs & Complements Form

Jurisdiction:	Pro	elate:			
Supervisor:	Ph	one:		_Email:	
Contact Person:	Pho	one:		_Email:	
FULL: COLOR 5	250.00	BW	\$150.00	=\$	
HALF: COLOR 51	50.00	BW	\$75.00	=\$	
TOTAL COMPS #: x \$3.0	0			=\$	
Business Ads					
FULL: COLOR \$500.00	HALF: \$250.00	FOU	RTH: \$125.00	=\$	
		GRANE	TOTAL	=\$	
	ТО	TAL REO	CEIVED	=\$	
Please make payable to: WIC COGIC *No Personal Checks & No Cash Accepted*					
METHOD OF PAYMENT:	CASHIER CHECK:	[MONEY ORDER:	□ c	REDIT CARD:
Please ensure the image is in high re Internet pictures are inadmissible.					
Please reference the "Souvenir Journ hard copy(s) of information please m drive. ATTN: CARON DEAN WAT Church of God in Christ WIC, 93	ail in a U.S. Postal env F <mark>KINS 2019 SOUVE</mark>	velope "Pho NIR JOUF	oto/Document Mailer NAL 38126 OR P.O. B	along with inform ox 1052 Memphi	ation on a jump
Office: 1(888) 673-7208 Ext.7 Received:	FAX: (901) 775- Print Ready		Email: <u>souven</u> Email	irwic@cogic.org Postal	
	Date Received				