Ads & Complements Form

Jurisdiction:_			Prelate:				
Supervisor:			Phone:		Email:		
Contact Person:			Phone:		Email:		
FULL:	COLOR	\$250.00	BW	\$150.00			
HALF:	COLOR	\$150.00	BW	\$75.00			
FULL RVR:	COLOR	\$100.00 (4 PI	CTS Per Page)	#Pages			
TOTAL COM	PS #:	x \$3.00					
			Busine	ss Ads			
FULL: COLO	OR \$500.0	00 HA	HALF: \$250.00				
			TOTAL RE	CEIVED			
F	Please make p	payable to: WIC C	OGIC *No Pers	sonal Checks & No	Cash Accepto	ed*	
METHOD OF PAYMENT:		CHECK / CASHIER CHECK:		MONEY ORDER:		CREDIT CARD:	
Please ensure th	e image is in hi	gh resolution (300 dj	oi). Files must be		at. Internet picti	nappropriate content. ures are inadmissible.	
Please reference Postal envelope	the "Souvenir J a jump drive wi	ournal Instruction Forth	orm" for filling ou ATTN: CARON	tt the form and paym DEAN WATKINS (1) 38126 OR P.O. B	ent procedures. l SOUVENIR JO	URNAL	
Contact information:		FAX: (901	FAX: (901) 775-5000		enirwic@cogic.	org	
Office: 1(888) 673-7208 Ext.7		Print Ready		Postal			
		Date Receiv	Date Received				
		Processing	Processing Agent				