

Please reserve advertising space in the Pinckney Pro-Life Friends of Life Directory for the following company: (To be listed in the directory)

Business Owner/Contact (optional) _____

Company Name _____

Business Category _____

Address _____

City/State/Zip _____

Phone () _____ Fax () _____

Email _____

Website _____

Contact Information: (Following information will not be listed in the directory)

Contact _____ Email _____

Phone () _____ Fax () _____

Ad Type(s):

- _____ Standard Listing - FREE
- _____ 1/4 Page Ad - (2.375" w x 3.5" h or 4.75" w x 1.75" h) - \$100
- _____ 1/2 Page Ad - (4.75" w x 3.5" h or 2.375" w x 7" h) - \$250
- _____ Full Page Ad - (4.75" w x 7" h) - \$500

Your Company information will also be included in the on-line Friends of Life Directory.

Authorized by _____ Signed Approval _____

All advertisements must be paid in full before they can be placed in the Pinckney Pro-Life™ Friends of Life Directory.

Credit Card Information:

Thank you for supporting 

_____ Visa _____ Master Card Expiration Date _____

Card # _____ Verification Code _____

Billing Name _____ Billing Address _____

Total \$ _____

Signature _____

Please make checks payable to: Pinckney Pro-Life™

Fill out this form and send it back with your ad text and/or email your ad text to: info@pinckneyprolife.org.