

ORDER FORM



P.O. Box 2026, Abilene, Texas 79605
(325) 672-0040

VOLUNTEER NAME: _____

DATE: _____

PURCHASER Contact Name: _____

Company: _____

Address: _____

City: _____ St _____ ZIP _____

Email: _____

QTY	DESCRIPTION	UNIT PRICE	LINE TOTAL
	Full Page Ad (7 1/2" w x 10" h)	\$250.00	
	1/2 Page Horizontal (7 1/2" w x 4 7/8" h)	\$150.00	
	1/2 Page Vertical (3 5/8" w x 10" h)	\$150.00	
	1/4 Page (3 5/8" w x 4 7/8" h)	\$75.00	
	1/8 Page (3 5/8" w x 2 7/16" h)	\$50.00	
TOTAL			

FOR OFFICE USE ONLY

1. Artwork provided at time of order Yes or No
2. Format _____
3. Needs ad designed Yes or No
4. Needs invoice Yes or No
5. Paid with check No. _____

Authorized by

Date