## Ainad Shriners Circus 2017 Program Book - Advertising Contract

Advertiser:	
Contact Name:	Date Approved:
Advertiser Address:	
City: ST:	_ ZIP Code:
Business or Cell Phone:Email:	:
Ad Copy Approved by (Print):	
Signature:	
	.00 coupon ad must be a ¼ page ad.
* Business cards are submitted "as is". No changes will	
Amount paid \$ check	cash credit card (MC/V/D/Amex)
Credit Card # Exp.	Date CVV#
Salesman # Salesman/Club, Un	nit Name
Please attach your ad to this contract or send ad graduit Louis Ave., East St. Louis, IL 62201 or via email at If you have any questions, Contact Ainad Shriners NOTE: Any changes to the ad should be noted below.	fundraising@ainadshriners.org @ 618-874-1870 or your salesman.

## All Circus Ads are due by COB, Friday, April 14, 2017

Proceeds from the Shrine Circus benefit Ainad Shriners operations.

Payment is due in 30 Days after submittal if invoiced
Payments are not deductible as a charitable contribution.

