# 2008 CLASSIFIED ADVERTISING RESERVATION FORM

**AD RATES**

- $36.00 minimum charge (= 6 lines)
- Maximum 40 characters per line
- $6.00 per line after minimum charge satisfied

**REQUIREMENTS**

- Copy not taken over telephone
- Cancellations must be in writing

**THE DEADLINE FOR CLASSIFIED AD SUBMISSION IS THE 8TH OF THE MONTH PRIOR TO PUBLICATION. YOU WILL BE BILLED ON THE FIRST OF THE MONTH THAT YOUR AD APPEARS.**

**PLEASE PRINT OR TYPE YOUR AD ON THE LINES BELOW:**

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**PLEASE CIRCLE THE ISSUES IN WHICH YOU WANT YOUR AD TO APPEAR***

**JAN FEB MARCH APR MAY JUNE JULY AUG SEPT OCT NOV DEC**

***PLEASE NOTE: For advertising that runs indefinitely, the advertiser is responsible for payment of same until advertiser cancels.***

**Your Name/Business Name** _____ **Date** _____

**Billing Address** _____

**City** _____ **State** ____ **Zip** _____ **Phone** _____ **Fax** _____

**BILL:** ☐ **VISA** ☐ **MASTERCARD** **Card #:** _____

**Exp:** _____ **Signature:** _____

**PLEASE RETURN THIS FORM TO: LCMS, 990 W. 7th Avenue, Eugene, Oregon 97402**
**or fax to 687-1554**