

**GLENVILLE SENIOR CENTER**

32 Worden Road, Glenville, NY 12302  
(518) 374-0734

**Senior Moments**

SCOTIA-GLENVILLE SENIOR CITIZENS, INC., NEWSLETTER

Request for Ad Placement

Date: \_\_\_\_\_

Requestor's Name: \_\_\_\_\_

Company or Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Phone No. \_\_\_\_\_

Ad Content: *Sample of proposed Ad should be attached to this request.*

Number of Appearances and Cost:

Months of Appearance:

One Time@ \$50.00 each \_\_\_\_\_

Jan./Feb. \_\_\_\_\_

Two Times@ \$50.00 Each \_\_\_\_\_

March/April \_\_\_\_\_

Three Times@ \$50.00 each \_\_\_\_\_

May/June \_\_\_\_\_

Four Times@ \$50.00 each \_\_\_\_\_

July/August \_\_\_\_\_

Five Times@ \$50.00 each \_\_\_\_\_

Sept./Oct. \_\_\_\_\_

Six Times@ \$50.00 each \_\_\_\_\_

Nov./Dec. \_\_\_\_\_

Ad Due Date: \_\_\_\_\_  
(1<sup>st</sup> of month preceding first publication date)

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*For office use only.*

Amount Paid: \_\_\_\_\_

*Check made payable to: Scotia-Glenville Senior Citizens. Inc.*

Received by: \_\_\_\_\_

Date Payment Received: \_\_\_\_\_