

**Gold Wing Road Riders Association
Chapter T, Taberg, NY**



Newsletter Ad Form

Date: _____

Business Name: _____

Mailing Address: _____

Business Location Address: _____
(If different from mailing address)

Phone Number: _____

Owner/Contact Person: _____

Please check one:

____ **Business Card Ad \$40 (per year)**

____ **Quarter Page Ad \$80 (per year)**

____ **Half Page Ad \$120 (per year)**

____ **Full Page Ad \$180 (per year)**

_____ **Begin Date (for ad to run)**

_____ **End Date (for ad to run)**

____ **Copy of Ad or Business Card Attached**

Total Amt Due: _____

Please Make Your Check payable To: GWRRA Chapter T
Mailing Address: Jack Bisgrove 153 Northwood Circle, Rome, NY 13440
Or
Linda Clemens 7250 Vienna Rd. Blossvale, NY 13308

Receipt

Date: _____

Received from: _____

The Sum of \$ _____ for _____ Ad to be published in the GWRRA, Chapter T Newsletter

Chapter T Representative

Gold Wing Road Riders Association Chapter T