

Business Name(s): _____	Phone: (____) ____ - _____
Address: _____	City: _____ State: ____ Zip: _____
Contact Person: _____	Event Sponsor: Yes ____ No ____
Event Sponsored: _____	
Amount of Sponsorship: \$ _____	

Size of Ad	Method of Payment
1/8 Page \$40.00 _____	Cash _____
1/4 Page \$65.00 _____	Check _____
1/2 Page \$100.00 _____	Bill _____
Full Page \$200.00 _____	

Lincoln Days Salesperson	_____
Date of Contact	_____
Date Billed	_____
Date Paid	_____
Comments:	_____

Return to: Mail:
PO Box 176
Hodgenville, KY 42748

www.lincolndays.org/
Office:
57 Public Square
Hodgenville, KY, 42748

E-mail:
info@lincolndays.org