

Business Name(s): _____ Phone: (_____) _____ - _____

Address: _____

City: _____ State: _____ Zip: _____






Contact Person: _____ Phone: (_____) _____ - _____




Email: _____

Event Sponsor: Yes ___ No ___ Event Sponsored: _____ Sponsorship Amount: \$ _____

Size of Ad

Method of Payment

-  1/8 Page (3.25" x 2.17") \$60
-  1/4 Page (3.25" x 4.5") \$85
-  1/2 Page (6.625" x 4.5" Horizontal) \$130
-  1/2 Page (3.25" x 8.824" Vertical) \$130
-  Full Page (6.625" x 8.824") \$240

-  Cash
-  Check
-  Please Bill

Lincoln Days Salesperson _____

Date of Contact _____

Date Billed _____

Date Paid _____

Comments: _____

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

Office:
60 Lincoln Square
Hodgenville, KY 42748
(270) 358-8710

E-mail:
info@lincolndays.org