

CLASSIFIED AD ORDER FORM

RATE Only 50 cents per word. Payment must accompany your order.

DEADLINE We must receive your ad by the 15th of each month.

Your ad runs the first of the next month, or month/s you specify.

YOUR CONTACT INFO

Name

Email

Address

City/State/Zip

YOUR AD TEXT

Calculate Ad Cost: Number of Words x \$.50 x Number of Months Ad Runs
Example: 20 words x \$.50 per word (= \$10) x 3 months = \$30 (Total)

Circle Months that you want your ad to run in the Bay View Compass:

Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec

Number of words ____ x .50 = ____ x ____ months = \$ ____.

Send this form with check or money order to
Bay View Compass, PO Box 070645, Milwaukee WI 53207-0645