

**Kentucky – Indiana
Paralyzed Veterans of America**

1030 Goss Avenue
Louisville, KY 40217-1236
Telephone: 502-635-6539
Fax: 502-635-5064
Email: info@kipva.org

ADVERTISING CONTRACT

Our business would like to advertise in your newsletter, the "Outreach"

starting with the _____ (Month).

Ending with the _____ (Month).

We would like the _____ (Ad Size).

At the rate of \$ _____ (Per Issue).

Terms: Please send ad art or business card with contract and payment. No ad art will be returned if not requested. Fifty percent of the total due for ads must be received in our office prior to printing, remaining balance due in 30 days. **I hereby understand and agree to the terms of this advertising contract.**

Business Name _____

Signature _____

Date _____

IN THIS ISSUE:

- KY Homeowner Protection Center
- KY State Parks Drawn
- Digital TV Trans
- 2008 Port Knox
- 2008 National V

Office use only

Date Received _____

Amount _____

Issue Date _____