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(advertiser)

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City _____ State _____ Zip _____

Phone No. _____ E-Mail _____

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AD SIZE _____ PRICE _____ DATE RECEIVED ___/___/___

MEMBER _____ UNIT _____

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**EGYPT SHRINE
CIRCUS**



**ADVERTISING
CONTRACT**

The above hereby authorizes a _____ page ad in the 201_ Program. Ads to be printed according to advertiser's copy prepared and furnished by the advertiser.

Advertiser's Signature _____

Email your ad to office@egyptshrinecircus.com in .pdf, .jpg or .png format.

COMMENTS

Proceeds are for the benefit of Egypt Shrine operations. Payments are not deductible as a charitable contribution. No refunds.

MAKE CHECK PAYABLE TO "EGYPT SHRINERS CIRCUS".

White---- CIRCUS OFFICE

Yellow----ADVERTISER'S COPY