
HealthMinistryJournal

sponsored by Health Ministries Association, Inc ...

Classified Ad Order Form

Name: _____
Company: _____
Address: _____
Telephone: _____ Email: _____

Select Issue(s): Spring Summer Fall Winter

Border: Yes No (Additional \$20.00 Charge)

Ad Text: (\$0.50 Per Character – punctuation marks count as a character)

Total Cost:

Total Characters _____	X \$0.50 each =	\$ _____
Number of Ads To Run _____	Border Fee (\$20.00) +	\$ _____
	Total Ad Amount =	\$ _____
	10% Off (3 or more Ads) -	\$ _____
	Total Amount Due =	\$ _____

Payment Options:

Check
(Make check payable to Health Education Network and mail to address noted below)

Credit Card: Visa MasterCard Amex Credit Card Billing Address: _____
Name on Card: _____
Credit Card #: _____
Exp Date: _____ CV #: _____

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