



SENIOR LIFE DONATED AD PROGRAM ENROLLMENT FORM



Publishing Company: _____

Contact Name: _____ Title: _____

Contact E-mail: _____ Phone: _____

We agree to place, at minimum, a one-quarter page advertisement or one equal to the largest advertisement in the heading classification, whichever is largest. This advertisement is published in all directories and should be listed under ALL of the following primary headings or under comparable headings:

- Day Care Center – Adults
- Insurance
- Senior Citizens
- Funeral Directors
- Nursing Homes
- Wheel Chairs
- Hearing Aid
- Retirement and Life Care

Comparable Heading Classifications Used: _____

Signature: _____ Date: _____

Directory Name	Directory Code	Circulation	Copy-In Date	Pub Date	Ad Size Specs	Color Specs	Special Instructions

Excluded states: Connecticut, Iowa, Maine, New Hampshire, New York, Ohio, South Dakota, Vermont, Washington, Wisconsin, Wyoming

E-mail Form to: info@adp.org or Fax Form to: (770) 462-0457

ADP, PO Box 209 Traverse City, MI 49685, Phone: (800) 267-9002