Celebrations

In your Sunday Globe Gazette and online at: www.globegazette.com Please TYPE or PRINT.

- Deadline: Monday at 5pm to be in the following Sunday.
- Name, address, phone number & email address of person submitting form:

Yes, I would like to receive 5 complimentary copies of the Sunday Celebrations.

A voucher for 5 copies will be given to me upon receipt of payment. Mailed upon request

- postage fee applies. See back page of form.

Anniversary Announcement Form

	No. of years marrie			
□ CUSTOM (U				
1. STANDARD This announcement				
Husband's full name		Wife's full name (include maiden name)		
of City/State				
Month, date, year of wedd				
Wedding location (include city &				
The couple will celebrate t	heir		anniversary	
with (circle one) Family Dinner	r, Open House, Red	ception/Dance		(other)
on	(date) from	to	at (location)	
in	·	(ci	ty, state).	
Please print, "No gifts plea	ase"? Yes	_ No		
Card shower address				
Hosts (if other than children)				
Hosts (if other than children) They have (#)				
Hosts (if other than children) They have (#)				
	grandchild	ren and (#) _	gr	eat-grandchildren.
They have (#) 2. CUSTOM This information will be pu	grandchild	ren and (#) _	gr	eat-grandchildren.
They have (#) 2. CUSTOM This information will be pu	grandchild	ren and (#) _	gr	eat-grandchildren.

1. PHOTO GUIDELINES: Please mark the box with	n the same size photo you would like published.		
2 Column Large Photo Black & White \$36.50 Color: \$56.50 Black & White \$26.50 Color \$36.50	Ordered By Date COLOR B&W 1 column 2 column cover package Name of File To Run/ Celebrations Special Instructions		
2. PAYMENT: Due before publication. Custom wording: \$10 for each additional 50 words Front cover charge: \$75 includes full color photo and B&W 2 column inside with write-up Postage: \$3.00 for mailed copies	CREDIT CARD: MasterCard Visa Discover Card # (3 digits in italics on back of card) Exp. Date Name on Card Signature		
classads@globegazette.com. This form to be retained by Publisher. 3. RELEASE OF PUBLISHER TO PUBLISH I acknowledge that I have delivered the following items (Materials): (Check all that apply)	ohoto and payment to Globe Gazette, 300 North Washington, Mason City, or more information, contact us at 641-423-2274. You may email us at		
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retrieval. I am over the age of eighteen years, and I have read the foregoing and fully and completely understand the contents. If the subject of the Materials is a minor, I represent that I am the parent of the minor and that I have read the foregoing and fully and completely understand the contents.	Signature Print Name Date		