



**Newsletter Advertisement Application &  
Credit Card Authorization**

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Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Select type of advertisement and time frame below:**

**Please submit a copy of your advertisement with the application.**

CLASSIFIED AD \$0.30 per word.	
Number of Words: _____	Number of Months: _____
<b>BUSINESS CARD (3.5 X 2.25)</b>	<b>¼ PAGE AD (3.5 X 5)</b>
\$40.00 per month / Non-profit \$25.00	\$50.00 per month / Non-profit \$31.00
\$102.00 for three months (Includes 15% discount)	\$127.50 for three months (Includes 15% discount)
\$204.00 for six months (Includes 15% discount)	\$255.00 for six months (Includes 15% discount)
\$408.00 for one year (Includes 15% discount)	\$510.00 for one year (Includes 15% discount)
<b>½ PAGE AD (7.25 X 5)</b>	<b>FULL PAGE (7.25 X 10)</b>
\$95.00 per month / Non-profit \$58.00	\$190.00 per month / Non-profit \$116.00
\$242.25 for three months (Includes 15% discount)	\$484.50 for three months (Includes 15% discount)
\$484.50 for six months (Includes 15% discount)	\$969.00 for six months (Includes 15% discount)
\$969.00 for one year (Includes 15% discount)	\$1938.00 for one year (Includes 15% discount)

**I authorize the City of Meadows Place to use my credit card to process the following payment:**

Amount: \_\_\_\_\_ (A fee of 2.85% will added to this transaction)

Type of Credit Card:     Visa         Master Card         Discover         American Express

Last 4 Digits on Card: \_\_\_\_\_    CSV Code: \_\_\_\_\_    Exp. Date: \_\_\_\_\_

Name on Card: \_\_\_\_\_

Credit Card Billing Address: \_\_\_\_\_

Authorized User: \_\_\_\_\_

Signature: \_\_\_\_\_    Date: \_\_\_\_\_

**\*\*\* Please Enter Credit Card Number Below \*\*\***

\*\*\*\*\* CUT HERE \*\*\*\*\*

Credit Card Number: \_\_\_\_\_

**This portion will be destroyed once the credit card is charged and payment is approved.**