

MESSAGE BOARD ON CHANNEL 2

Business Name: _____

Contact Name: _____

Address: _____

Billing Account #: _____ Phone #: _____

Start Date: _____ Week 1 2 3

To Read: (One word per line – 35 words or less)

| | | | | |
|-------|-------|-------|-------|-------|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

**Charge is \$5.00 per week for 35 words or less

**If customer is “non-profit” organization, we need copy of 501-C3

Please contact Joan Sherman 517-279-9501 x 6913 with questions or concerns.
Fax 278-2947 or E-Mail: JSherman@coldwater.org