

WOLVERINE PULLERS CONTINGENCY FORM

DATE: _____

NAME OF BUSINESS: _____

CONTACT PERSON: _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

PHONE: _____ **E-MAIL:** _____

WOLVERINE PULLER CONTACT: _____
(THIS PERSON WILL BE CREDITED FOR THE YEAR END POINTS FUND)

SIZE OF AD:

BUSINESS CARD	\$100	_____
¼ PAGE	\$250	_____
½ PAGE	\$500	_____
FULL PAGE	\$750	_____

MAKE ALL CHECKS PAYABLE TO: WOLVERINE PULLERS, INC.

MAIL ALL FORMS AND CHECKS TO:
KAREN ALLEN-WOLVERINE PULLERS
1482 S 1050 W
LAGRANGE, IN 46761
260-475-5340

PLEASE INCLUDE YOUR AD FORMAT OR A BUSINESS CARD WITH THIS FORM. IF YOU HAVE A SPECIFIC LOCATION IN THE BOOKLET YOU WOULD LIKE, WE WILL TRY TO ACCOMMODATE YOU IF POSSIBLE. AN ADDITIONAL SHEET WITH APPROPRIATE LOGOS, ETC. MAY ALSO BE SENT WITH THIS FORM.

TO BE INCLUDED IN THE BOOKLET, THIS MUST BE RECEIVED NO LATER THAN MARCH 15TH.

IF YOU WOULD LIKE TO BE ON THE WOLVERINE MAILING LIST AND RECEIVE THE MONTHLY NEWSLETTER CHECK HERE. _____

DATE RECEIVED: _____ **CK#/CASH** _____ **AMOUNT** _____