



Des Moines Community Orchestra
P.O. Box 1796 Des Moines, IA 50306

PROGRAM-ADVERTISING ORDER

BE SURE TO GET CAMERA-READY ARTWORK!

(Please completely fill in all sections)

A. File Copy (to DMCO Treasurer, along with payment and ad art)

Company Name: _____ Contact: _____
Billing Address: _____

_____ Phone: _____

Concerts: () Fall () Messiah () Winter () Spring

Total Amount: _____ Payment: () Check () Cash () Bill on later date: _____

Received by (DMCO Member): _____ Date: _____

B. DMCO Fund Raising Chairman's Copy

Company Name: _____ Contact: _____
Billing Address: _____

_____ Phone: _____

Concerts: () Fall () Messiah () Winter () Spring

Total Amount: _____ Payment: () Check () Cash () Bill on later date: _____

Received by (DMCO Member): _____ Date: _____

C. Customer's Receipt

Received from (advertiser's rep): _____
Address: _____
Phone: _____ Date: _____
Received by: _____ Amount: _____

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P.O. Box 1796
Des Moines, IA 50306

() Check
() Cash

