

ADVERTISING FORM



1. Contact Name					
1. Contact Tel. No.					
2. Contact Name					
2. Contact Tel. No.					
BUISNESS NAME					
Address:					
Province					
Business		Organisation		HELP Member	Private
					TICK RELEVANT BOX
Telephone. No.		Landline		Mobile	
E-mail Address					
Website Address					
Type of Business (If applicable)					
ADVERTISING INFORMATION					
MAGAZINE			WEBSITE		
Start Date			Start Date		
Finish Date			Finish Date		
Amount Paid			Amount Paid		
Donation			Donation		
DATA INFORMATION					
MAGAZINE					
Data:					
Pictures:					
Logo:					
WEBSITE					
Data:					
Pictures:					
Logo:					
I / We give permission for HELP MMM to use this data for the purpose of advertising and publicity					
Signed:					

Registered Charity No. 7645/1a CIF No. G73321481

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