

ANNIVERSARY FORM

Please return the completed form 10 days before the publication date desired in the Sunday Look section. Type or print names clearly, specifying local addresses. Be sure to include a telephone number where you can be reached during the day, for office use only.

Name of couple: _____

Address: _____

Wife's maiden name: _____

Date/place of wedding: _____

Anniversary year (50th, 40th, 25th, etc.) _____

Information about the couple (occupations, etc.): _____

Children (names, cities): _____

Number of grandchildren: _____

Number of great-grandchildren: _____

Event to celebrate (time, date, place): _____

Hosts of event: _____

Photo enclosed Yes _____ No _____

Daytime telephone number, for office use only: _____

Mail completed form to: Anniversaries, The Daily Reflector, c/o Classified Dept.
PO Box 1967, Greenville, NC 27835

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