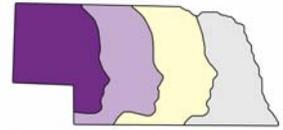


Every Woman Matters Public Service Match Form

Every Woman Matters



NEBRASKA OFFICE OF WOMEN'S HEALTH

Submit this form monthly if your contributions are on-going. If the contribution is one-time, send this form at the completion of the activity. If television or radio commercials are being played, please submit an affidavit with this form.

Name: _____ Credentials/Title: _____

Agency/Organization: _____

Address: _____

City/State/Zip: _____

Phone: (_____) _____ Fax: (_____) _____

Signature: _____ Date: ____/____/____

Circle One	Date	Column Inches	Estimated Dollar Value (please specify)
published / will publish played / will play			
published / will publish played / will play			
published / will publish played / will play			
published / will publish played / will play			
published / will publish played / will play			
published / will publish played / will play			
published / will publish played / will play			
published / will publish played / will play			
published / will publish played / will play			
published / will publish played / will play			
Total Contribution:			\$

Return this form to:

Tracey Bonneau, Marketing Coordinator
 Nebraska Health and Human Services System
 Office of Women's Health, Every Woman Matters Program
 P.O. Box 94817
 Lincoln, NE 68509-4817

FOR OFFICE USE ONLY
Date Posted: ____/____/____
Posted By: _____

Questions? Call Tracey Bonneau at (402) 471-2922. You do not have to use this form to report match. You may send us a copy of any form you use to track public service space, which includes the date published, column inches and value of the public service space.