

**Rock In Prevention / IBA  
2008-09 Media Partner Estimate**

Organization: \_\_\_\_\_

Your Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_ FAX: \_\_\_\_\_

E-mail: \_\_\_\_\_

Thank you for your support of the Rock In Prevention campaign. Please indicate your  
2008-09 estimated level of support.

<b>Recommended 2008-09 PSA Pledge Level</b>	<b>Your PSA Unit Pledge (# per week, # per year)</b>	<b>Your PSA Unit Value (\$ avg per PSA)</b>
<b>15 spots/week</b>	_____/____	_____

**\* Please FAX this form directly to Rock In Prevention at (515) 252-8847  
or mail to:**

**Rock In Prevention  
7628 Hickman Road  
Des Moines, IA 50322  
FAX: (515) 252-8847  
Phone: (515) 255-0635**

Rock In Prevention has permission to link your website to [www.rockinprevention.org](http://www.rockinprevention.org).

Yes \_\_\_\_\_ No \_\_\_\_\_ Website address: \_\_\_\_\_

Please link [www.rockinprevention.org](http://www.rockinprevention.org) to your website as well.

**Thank you!**