Anniversary Announcement Form

Anniversary Announcements appear in the Sunday edition of The Berkshire Eagle and online at berkshireeagle.com. All announcements include a full color photo and are available in two sizes:

3.22" x 5"........ $99    3.22" x 8" ....... $169

Mail this form, along with a 5" x 7" glossy photo to Weddings and Engagements, The Berkshire Eagle, 75 South Church Street, Pittsfield MA 01201 or email the completed form and a high-resolution photo (at least 300dpi) to msinopoli@berkshireeagle.com, with “Anniversary Announcement” in the subject line. Forms must be received no later than noon on Tuesday for inclusion in the next Sunday paper. If you need additional space for any part of the form, please use the “Additional Information” section on the last page or attach a separate sheet of paper. For more information, contact any member of the Eagle Classifieds Team:

Melodie: 413-496-6353  msinopoli@berkshireeagle.com
Jaimi: 413-496-6226  jturner@berkshireeagle.com
Nancy: 413-496-6260  nmclean@berkshireeagle.com

Please type or print.

Name of Couple: ___________________________________________  Years Married: __________

Address: ____________________________

Date and Place of Wedding: ____________________________

Wife’s Maiden Name and Place of Birth

Husband’s Place of Birth

Employment of Wife

Employment of Husband

Retirement Year  Years of Service

Retirement Year  Years of Service

Military Service  Dates (to and from)

Military Service  Dates (to and from)

Membership Organizations

Membership Organizations

CHILDREN

Name: ____________________________  City, State: ____________________________

Name: ____________________________  City, State: ____________________________

Name: ____________________________  City, State: ____________________________

Name: ____________________________  City, State: ____________________________

Name: ____________________________  City, State: ____________________________

Name: ____________________________  City, State: ____________________________

Name: ____________________________  City, State: ____________________________

Name: ____________________________  City, State: ____________________________

Name: ____________________________  City, State: ____________________________

Number of Grandchildren: ____________________________

Place and Date of Anniversary Celebration: ____________________________

Given by Whom: ____________________________  Number of Attendees: ____________________________
CUSTOMER INFORMATION

Do not send payment with this form.
We will contact you upon receipt of your form and will collect payment information at that time.

Contact Name: ________________________________
Phone: _______________________________________
Email: _______________________________________
Address: _______________________________________ 

ADDITIONAL INFORMATION

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