



VILLAGE MARKET

FOOD CENTERS



Request Form for Weekly Ad Flyer

Date: _____ (**NO PO Boxes – Physical Address Only!!**)

Customer Name: _____

Address: _____ Apt.# _____

City: _____ State: _____ Zip: _____

I usually receive flyer (s) for _____
(store name/location)

In what paper do you usually receive our flyer? _____

Which flyer did you miss? _____
(store name, location, week of sale)

Missed this week's flyer? Yes No

Missed flyer occasionally? _____ Yes No

Did you receive the newspaper but not our flyer? Yes No

Never received our flyer, but would like to Yes No

Would you like to access our ad via email? Yes No

Comments: _____

Thank you for Shopping at Village Market Food Centers!

**Note to Store: Please fax ASAP to #867, Attention: Marketing Department.*

Store# _____ Contact Person _____