

SAMPLE

Public Service Announcements

[Chapter Name]

[Address 1]

[City, State ZIP]

[Phone #]

PUBLIC SERVICE ANNOUNCEMENT

Start Date: March 1, 2014

End Date: March 31, 2014

Media Contact: [Contact Name]

[Chapter Name]

[Phone Number]

PUBLIC SERVICE ANNOUNCEMENT: NATIONAL DEVELOPMENTAL DISABILITIES AWARENESS MONTH

:60

[CHAPTER NAME] REMINDS YOU THAT MARCH IS NATIONAL DEVELOPMENTAL DISABILITIES AWARENESS MONTH. PEOPLE WITH DISABILITIES ARE VALUABLE, CONTRIBUTING MEMBERS OF OUR COMMUNITIES. YOU CAN MAKE A DIFFERENCE BY HIRING SOMEONE WITH A DISABILITY, INVITING PEOPLE WITH DISABILITIES TO PARTICIPATE IN YOUR COMMUNITY ACTIVITIES AND CIVIC ORGANIZATIONS, OR BY GIVING A FINANCIAL GIFT TO SUPPORT PEOPLE WITH DISABILITIES. [CHAPTER NAME] IS A NON-PROFIT ORGANIZATION THAT SUPPORTS PEOPLE WITH INTELLECTUAL AND OTHER DEVELOPMENTAL DISABILITIES AND IS THE [COUNTY] COUNTY CHAPTER OF NYSARC, INC. TO LEARN MORE OR TO GET INVOLVED, CONTACT US AT [PHONE] OR VISIT US AT [WEB].

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[CHAPTER NAME] REMINDS YOU THAT MARCH IS NATIONAL DEVELOPMENTAL DISABILITIES AWARENESS MONTH. YOU CAN MAKE A DIFFERENCE BY HIRING SOMEONE WITH A DISABILITY, INVITING PEOPLE WITH DISABILITIES TO PARTICIPATE IN YOUR COMMUNITY ACTIVITIES, OR BY GIVING A FINANCIAL GIFT TO SUPPORT PEOPLE WITH DISABILITIES. [CHAPTER NAME] IS A NON-PROFIT ORGANIZATION THAT PROVIDES SUPPORTS AND SERVICES TO PEOPLE WITH DISABILITIES IN [COUNTY NAME]. TO LEARN MORE, CONTACT US AT [PHONE]