

# Anniversary Announcement

RETURN FORM TO:

The Clearwater Progress  
PO Box 428/417 Main Street  
Kamiah, ID 83536  
(208) 935-0838  
Fax: (208) 935-0973  
(Please type or print clearly)

Anniversary year being celebrated \_\_\_\_\_

Is photo included? Yes \_\_\_\_\_ No \_\_\_\_\_

(Include self-addressed stamped envelope if you want photo returned.)

Name of person submitting information \_\_\_\_\_

Daytime phone \_\_\_\_\_ Evening phone \_\_\_\_\_

Full names of couple \_\_\_\_\_ City \_\_\_\_\_

## Celebration

Type (check one): Open house \_\_\_\_\_ Reception \_\_\_\_\_ Private family gathering \_\_\_\_\_ Other \_\_\_\_\_

Date \_\_\_\_\_ Time \_\_\_\_\_ Place (Include city) \_\_\_\_\_

Hosts for the celebration \_\_\_\_\_

Date and city of marriage \_\_\_\_\_

Wife's former name if applicable \_\_\_\_\_

## Employment (Include city, number of years with each employer and year of retirement if applicable)

Husband \_\_\_\_\_

\_\_\_\_\_

Wife \_\_\_\_\_

\_\_\_\_\_

## Clubs, groups or organizations (Include town in which each is based)

Husband \_\_\_\_\_

\_\_\_\_\_

Wife \_\_\_\_\_

\_\_\_\_\_

## Hobbies

Husband \_\_\_\_\_

Wife \_\_\_\_\_

Number of children: Sons \_\_\_\_\_ Daughters \_\_\_\_\_ Grandchildren \_\_\_\_\_ Great-grandchildren \_\_\_\_\_

Deadline for submitting information/photo is noon on Monday prior to publication.

Information is subject to editing. To ensure publication in its entirety,  
please contact our office for rate information.