

# Ameren Missouri Heating and Cooling Program

## Co-Op Marketing Program

### Funds Reservation Request Form

Please complete this form and upload and submit it to the program team on the Online Intake Tool website.

Contact your Account Manager if you need any assistance.

Company Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

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

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Media Type	Run Date(s)	Total Cost	Est. Circulation/Impressions
<input type="checkbox"/> Newspaper or Magazine	_____	_____	_____
<input type="checkbox"/> Direct Mail/Postcard	_____	_____	_____
<input type="checkbox"/> Radio	_____	_____	_____
<input type="checkbox"/> Television	_____	_____	_____
<input type="checkbox"/> Other _____	_____	_____	_____

Matching funds requested: \$ \_\_\_\_\_

(50% of total cost, up to \$2,500 maximum per funding period for television and radio advertising or up to \$1,500 maximum per funding period for all other marketing)

I acknowledge and agree that requesting and/or receiving confirmation that funds have been reserved for my planned advertising does not guarantee that I will receive co-op advertising funds, and that all other conditions must be met with respect to acceptable run dates and verification documentation to receive reimbursement.

Authorized Company Representative: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Some restrictions may apply. Visit [AmerenMissouriSavings.com/HVAC](http://AmerenMissouriSavings.com/HVAC) for full program details.

