

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 for full program details.



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TO SAVE**

AmerenMissouriSavings.com/HVAC



Please Recycle

1/2021