

SAMPLE PSA

[PROGRAM]
[ADDRESS]
[CITY], [STATE] [ZIP CODE]

Start Using: Upon Receipt
Stop Using: [DATE]

CONTACT: [NAME]
XXX-XXX-XXXX

(30 seconds)
[PROGRAM] is making a difference in our community.

In [CITY], [PROGRAM] is increasing the literacy rate by tutoring children and teaching adults how to read.

If you're [PROGRAM AGE REQUIREMENT], you can become a [PROGRAM MEMBER] and make a difference in your community.

Help someone in need.

[Apply your –OR– Get] life experience.

Log on to [PROGRAM'S URL ADDRESS] or call XXX-XXXX for more information.