

Contact: (Newspaper/Magazine Contact Person)  
Phone/Email: (the contact person's phone/email)

Name: (Your Full Name & WT Title this year)  
Address: (your address or your chapter's PO Box address)  
Phone/Email: (your phone & email address – INCLUDE BOTH!)

**FOR IMMEDIATE RELEASE**  
**(CITY) WOMEN OF TODAY MONTHLY MEETING ON (DATE)**

The (City) Women of Today will hold their monthly general meeting at (Place) on (Date & Time). Members of the community are invited and encouraged to attend. The chapter is currently planning (list any current projects). The guest speaker/program for the evening will be (Name, Title of Speaker – list information about speaker or what the program will focus on). The (City) chapter of the Minnesota Women of Today, is a community service and leadership training organization. Membership is open to those 18 years of age and over. If you would like more information about the (City) Women of Today, please contact (Name) at (Phone#).

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