**Contact:** your name and title

**Phone:** your phone number

**Email:** your email address

Begin: date you want PSA to start airing

End: date you want PSA to stop airing

**:30 SECOND PSA – HELP FOR PARENTS AND BABIES**

BEING A NEW PARENT IS AN AMAZING YET CHALLENGING EXPERIENCE. YOUR AGENCY NAME IS A FREE RESOURCE THAT GIVES BUSY PARENTS LIKE YOU THE INFORMATION, SUPPORT AND ENCOURAGEMENT YOU NEED TO HELP YOUR BABY GROW UP TO BE HAPPY AND HEALTHY. SOMETIMES JUST A LITTLE EXTRA HELP CAN MAKE A BIG DIFFERENCE. TO FIND OUT MORE, CALL AGENCY PHONE NUMBER OR VISIT AGENCY WEBSITE ADDRESS.

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