



PROGRAM ADVERTISEMENT FORM

Submission Deadline: Friday, February 15, 2019

*EVENT SPONSORS – NO CHARGE FOR ADS

Contact Name: _____

Company/Organization Name: _____

Please list company name as you wish it to appear in printed materials

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ . _____ . _____

Email: _____

Ad Dimensions:

- Full Page: \$250
- Quarter Page: \$150
- Half Page: \$200
- Please replicate our ad featured in the 2018 Mardi Gras Program

Total Amount Enclosed: \$ _____

Payment Information:

- Check payable to Victim Assistance Program enclosed.
- Please charge my credit card in the amount of \$ _____.

BILLING ZIP CODE _____

CARD# _____ / _____ / _____ / _____

EXP DATE ____ / ____ CID# _____

NAME: _____

(As it appears on your card)

SIGNATURE _____ DATE _____

Please Return Form and Payment To:

Victim Assistance Program
 Attn: Mardi Gras Gala
 137 S. Main St., Suite 300, Akron, OH 44308
 Or email to: mardigras@victimassistanceprogram.org

Please Submit Artwork To:

Note: Program ads are in black and white only. Ads will be accepted in the following formats:
 High resolution JPEG, PDF or Adobe Illustrator files with outlined fonts. Please submit by email to:
mardigras@victimassistanceprogram.org

