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**3rd Annual Donate Life Gala
 Program Ad Order Form**

Please Circle Ad Size (see back for sizes):

Full Page Color: \$250.00
 Half Page Color AD: \$125.00
 Business Card Color: \$50.00

Please Indicate If Ad is:

Personal:
 Business:

Business Name: _____

Contact Person: _____

Full Address: _____

Phone: _____ Email: _____

Message: _____

Method of Payment

CHECK (payable to Donate Life Connecticut):
 CREDIT (circle type: MC VISA DISC AMEX):

Name on Card: _____ CSC Code ___ (4 numbers for AmEx)

Card Number: _____ Expiration Date: __/__/____

Billing ZIP CODE (required) _____

Email logo graphic and desired text to: DonateLifeCT@gmail.com

Mail check to address above at the attn of Alison Keating / Donate Life Gala
 Receipt will be sent to you for your tax records.

Full Page Ad
4.75" x 7.375"

Within Program Book = \$250

Half Page Ad
4.75" x 3.875"

\$125

Business Card Size Ad
3.5" x 2"

\$50