

# Shrine Maple Sugar Bowl Advertising Form

Shrine Maple Sugar Bowl, Inc. • P.O. Box 820 • Lebanon, NH 03766

Phone 603-448-1042 Fax 603-448-1092

[nhvtshrinebowl@gmail.com](mailto:nhvtshrinebowl@gmail.com) • [www.shrinemaplesugarbowl.com](http://www.shrinemaplesugarbowl.com)

Advertiser's Name: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Solicitor: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

## The following are the rates for the 2018 Advertisement Program

| Ad Size   | Dimensions   | Color | Price      | Black & White | Price    |
|-----------|--------------|-------|------------|---------------|----------|
| Full Page | 8.50 x 11.00 | Color | \$1,200.00 | Black & White | \$600.00 |
| 1/2 Page  | 4.75 x 7.00  | Color | \$ 400.00  | Black & White | \$350.00 |
| 1/4 Page  | 3.50 x 4.75  | Color | \$ 200.00  | Black & White | \$150.00 |
| 1/8 Page  | 3.50 x 2.15  | Color | \$ 100.00  | Black & White | \$ 75.00 |
| 1/12 Page | 1.33 x 3.50  | Color | \$ 75.00   | Black & White | \$ 50.00 |

Sponsor a Page: (Company/Organization Name & City noted on bottom of page) \$125.00

**NOTE:** If choosing COLOR, please submit your ad in color as a pdf or jpeg file electronically to [nhvtshrinebowl@gmail.com](mailto:nhvtshrinebowl@gmail.com) or submit hard copy via US Mail to above PO Box.

Electronically Submitted: File Name: \_\_\_\_\_

**Ads will be accepted thru June 11, 2018**

**\*\*\* PLEASE SEND IN A NEW AD COPY EVEN IF YOU ARE A PREVIOUS AD CUSTOMER \*\*\***

### Donation Page

Bronze \$1.00 to \$99.00 Silver \$100.00-\$249.00 Gold \$250.00 and up

### Wall Plaque

Plaque cost \$100.00 initially with \$100.00 for each additional tab



Mastercard  Visa  Check No. \_\_\_\_\_ Amount \_\_\_\_\_

(Payment must accompany ad placement as we do not invoice)

Card Number: \_\_\_\_\_ (CCV) Security Code \_\_\_\_\_ Exp. Date \_\_\_\_\_

Name on Card \_\_\_\_\_ Signature \_\_\_\_\_

**Thank you for your support to Shriners Hospitals for Children**