

SHINE A LIGHT GALA

Advertising Opportunities

Step 1 - Contact Information

Company, Household or Individual Name: _____
 Contact: _____ Phone: _____
 Address: _____ City: _____
 Email: _____ State: _____ Zip: _____
 Special Instructions: _____

Step 2 - Advertisement Selection

- | | |
|--|---|
| <input type="checkbox"/> Center Page - \$500
(4¾ by 7½ inches, Left or Right Full Page) | <input type="checkbox"/> Other Full Page - \$400
(4¾ by 7½ inches) |
| <input type="checkbox"/> Inside Front Cover - \$500
(4¾ by 7½ inches, One Full Page) | <input type="checkbox"/> Half-Page - \$200
(4¾ by 3½ inches) |
| <input type="checkbox"/> Inside Back Cover - \$500
(4¾ by 7½ inches, One Full Page) | <input type="checkbox"/> Quarter-Page - \$100
(3½ by 2 inches, Business Card Size) |

For business card advertisements, please enclose your card with this form.

Step 3 - Payment Method

Credit Card Check Invoice

Card: _____ - _____ - _____ - _____ Name on Card: _____

Expiration: ____ / ____ CVV: _____ Signature: _____

Total: \$ _____

Please return forms to NAMI DuPage by April 21, 2017.

Program Advertisement Submission:

- Vector Logo (.EPS or .AI preferred)
- Name file with company name
- Email to benefit@namidupage.org

Scan and email to benefit@namidupage.org

Or mail this form to:

NAMI DuPage
 115 N. County Farm Rd.
 Wheaton, IL 60187