

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

Outside Back Cover - \$1,000
(4¾ by 7½ inches, One Full **COLOR** Page)

Other Full Page - \$400
(4¾ by 7½ inches, Left or Right Full Page)

Inside Front Cover - \$750
(4¾ by 7½ inches, One Full Page)

Half-Page - \$250
(4¾ by 3½ inches)

Inside Back Cover - \$750
(4¾ by 7½ inches, One Full Page)

Quarter-Page - \$125
(3½ by 2 inches, Business Card Size)

Center Page - \$500
(4¾ by 7½ inches)

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 20, 2018.

Email form to benefit@namidupage.org

Program Advertisement Submission:

Or mail this form to:

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

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