2016 Women of Grace LuncheonProgram Ad Form



Description	Ad Size	Price	
O Outside back cover – Color	4.5w x 7.5h	\$1,000	SOLD
O Inside back cover – Color	4.5w x 7.5h	\$750	
O Full Page – Color	4.5w x 7.5h	\$350	
O Half Page – Color	4.5w x 3.75h	\$275	
○ Full Page – B&W	4.5w x 7.5h	\$175	
O Half Page – B&W	4.5w x 3.75h	\$125	
O Design Fee (\$50.00)**		\$	
O Donation		\$	
	Total	\$	

O Please use my/our ad from the 2015 program

Deadline: October 5, 2016

Please email camera ready/PDF files for ads to YMatan@BHinc.org. See ad samples on reverse side. ----

Contact Information (Please print. Thank you.)

Contact Name:					
Company Name:					
Street Address:					
City:		State:		Zip:	
Phone:		Cell Phone:			
E-mail:					
Payment Inform	mation (Please print. Thank you.)				
	yable to Bethesda Hospital Foundation . ny credit card for a total of \$				
Card number (required)			Ex	Expiration date (required)	
Name as it appears on card (please print)			Se	Security code (required)	
Billing address for o	card (if different than above)			_	

Authorizing Signature (required)

Bethesda Hospital Foundation / PO Box 243628 Boynton Beach FL 33424-3628 Tel: 561-737-7733 ext 84428 / Fax: 561-735-7942 / YMatan@BHinc.org / www.BethesdaHospitalFoundation.org

^{**}If you would like an ad professionally designed for you please add \$50 to the cost of the ad and contact the Foundation with details.