

## 12<sup>th</sup> Annual Gala



Friday, April 8<sup>th</sup> 2016

Name as you would like it to appear: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City, State: \_\_\_\_\_

Zip: \_\_\_\_\_ Contact: \_\_\_\_\_ Email: \_\_\_\_\_

**PROGRAM SIZE:** 10 in. (high) x 7 in. (wide) with a 1 inch border – All Ads will be in FULL COLOR

<input type="checkbox"/> Back Cover - <b>\$750</b> 7" x 10" with bleed or 5" x 8"	<input type="checkbox"/> Inside Back Cover - <b>\$600</b> 5" x 8"
<input type="checkbox"/> Inside Front Cover - <b>\$600</b> 5" x 8"	<input type="checkbox"/> Full Page - <b>\$450</b> 5" x 8"
<input type="checkbox"/> Half Page - <b>\$300</b> 5" x 3 ¾"	<input type="checkbox"/> Quarter Page - \$150 2 ¼" x 3 ¾"

**DEADLINE: MARCH 1, 2016**

Send Camera Ready Art (min 300 dpi): [ainslee@notmykid.org](mailto:ainslee@notmykid.org)

No Photo Copies

**PAYMENT**

Credit Card MC/Visa/Amex    CC# \_\_\_\_\_  
Exp: \_\_\_\_\_ CVV: \_\_\_\_\_ Name on Card \_\_\_\_\_  
Authorized Signature: \_\_\_\_\_

Check# \_\_\_\_\_ Make Checks Payable to: notMYkid  
Mail Check and form to: notMYkid 5230 E. Shea Boulevard Suite 100, Scottsdale, AZ 85254