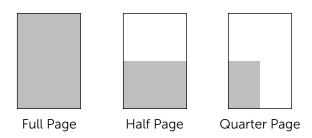


# 2019 CELEBRATION OF ARTS EDUCATION AD CONTRACT

A recognition advertisement pays tribute to the evening's honorees, presenters, performers, staff, board, etc. As Find Your Light Foundation provides no goods or services in exchange for the purchase of a recognition advertisement, the amount of your gift is fully tax deductible.

AD TYPE	SPECS (approximate)	RATE
Inside Front Cover	8.25" w x 8.5" h	\$3,500
Inside Back Cover	8.25" w x 8.5" h	\$2,500
Full Page	8.25" w x 8.5" h	\$1,200
Half Page	8.25" w x 4.15" h	\$850
Quarter Page	4.25" w x 4.15" h	\$500



#### BENEFITS OF YOUR CONTRIBUTION

Contributions at the following levels receive complimentary and/or discounted advertising.

CONTRIBUTION LEVEL	AVAILABLE ADVERTISING	RATE
Platinum	Full Page Ad	FREE
Gold	Half Page Ad	FREE
Silver	Quarter Page Ad	FREE

#### PRODUCTION REQUIREMENTS

- Inside ads will print one color black. Front and back cover ads will print in 4-color. There is no bleed.
- Submit ads as PDF, EPS, or TIFF files. Please embed all fonts. Please submit color ads in CMYK. Resolution should be greater than 300dpi.
- If the ad requires typesetting please submit copy as a Word document and high resolution images, if required.
- PowerPoint documents will NOT be accepted.
- Copy of Celebration ad contract needs to accompany payment. Ads will not run without a signed contract.

### DEADLINE IS APRIL 5, 2019

Mail: Find Your Light Foundation 27702 Crown Valley Pkwy. Suite D-4 #309 Ladera Ranch, CA 92694 Email:

info@findyourlightfoundation.org

## RESPONSE FORM

1. SELECT AN AD TYPE			
☐ I/we agree to take an advertisement (check one)	☐ I/we have made a contribution and agree to take a discounted		
in the dinner journal:	advertisement (check one) in the dinner journal:		
☐ Inside Front Cover: \$3,500	☐ Platinum: Free Full Page Ad		
☐ Inside Back Cover: \$2,500	☐ Gold: Free Half Page Ad☐ Silver: Free Quarter Page Ad		
☐ Full Page: \$1,200			
☐ Half Page: \$850			
☐ Quarter Page: \$500			
2. PROVIDE YOUR CONTACT INFORMATION	ON		
NAME	TITLE		
ORGANIZATION			
ADDRESS			
CITY	STATE ZIP CODE		
PHONE	EMAIL		
3. PROVIDE YOUR PAYMENT INFORMATION			
☐ Check is enclosed, payable to Find Your Light Four	ndation.		
☐ I/We wish to pay by credit card: ☐ Visa ☐ Mas	sterCard		
CREDIT CARD TYPE	CREDIT CARD NUMBER / EXP.		
NAME ON CARD	AUTHORIZED SIGNATURE		
	No moneta significant		
☐ I/We wish to be invoiced for this donation by	(date).		
4. SELECT YOUR GIFT RECOGNITION PRI	EFERENCE		
☐ I/We wish to be recognized as:			
☐ I/We wish to be recognized as <i>Anonymous</i> .			
5. RETURN THIS FORM BY MAY 19, 2017			
Mail:	Email:		
Find Your Light Foundation	info@findyourlightfoundation.org		
27702 Crown Valley Pkwy.			
Suite D-4 #309	C. 1		



Ladera Ranch, CA 92694