



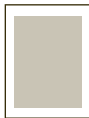
AD LAYOUT/FAMILY TRIBUTES

Ad space subject to availability. Ad placement and specific page requests will be confirmed at the time payment is received.

Deadline is Friday, September 13, 2019

- INSIDE FRONT (color) 5.5" x 8.5"\$ 1,000
- INSIDE BACK (color) 5.5" x 8.5"\$ 1,000
- TAB FULL PAGE (color) 5.5" x 8.5"\$ 750 (four available)
- FULL PAGE (black & white) 5.5" x 8.5"\$ 500
- HALF PAGE (black & white) 5.5" x 4.25"\$ 250
- BUSINESS CARD (black & white) 3.5" x 2.5"\$ 100

AD LAYOUTS



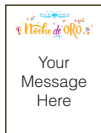
FULL PAGE:
5.5" x 8.5"



HALF PAGE:
5.5" x 4.25"



BUSINESS CARD:
3.5" x 2.5"



PLEASE
CREATE MY
AD FOR ME
Available for
full or half
page sizes
only

All copy, artwork, photos, or final ads must be submitted by **Friday, September 13, 2019**. Please send all attachments in one email to **advancement@smhs.org**
In the text of the email please include the following:

1. Advertiser name
2. Contact name
3. Phone number
4. The ad size purchased

Preferred file formats: high resolution PDF, JPEG, EPS, or TIFF (300 dpi print quality). No Word or PowerPoint files will be accepted. Please submit this form with your payment by mail or call the advancement office at 949-766-6080.

TRIBUTE PROGRAM | ADVERTISING AGREEMENT



Name: _____

SMCHS Family Alumni Business

Address: _____

City: _____

State: _____ ZIP Code: _____

Phone: (_____) - _____

Email (required): _____

ADVERTISEMENTS

It is recommended that you acknowledge the event “SMCHS BLUE AND GOLD” or “BLUE AND GOLD 2019” in your ad layout. A company may be “a proud sponsor of SMCHS,” but the business address, phone number or company website should not be included in the ad. Ads are accepted but not tax deductible. Please consult your tax advisor regarding tax deductibility. Tax ID Number 33-0235681

PAYMENT OPTIONS

CHECK: Payable to SMCHS

Check #: _____

CREDIT CARD: VISA MasterCard AMEX

Name of Card Holder: _____

CC Number: _____ Exp Date: ____ / ____ / ____

3 or 4 Digit Security Code: _____

Card Billing Address (If different from above):

City: _____ State: _____ ZIP Code: _____

SIGNATURE Required

Signature: _____

Date: _____