



TRIBUTE PROGRAM | ADVERTISING AGREEMENT

Name: _____ SMCHS Family Alumni Business
Address: _____
City: _____ State: _____ ZIP Code: _____
Phone: (____) _____ - _____ Email (required): _____

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 8, 2017.

- INSIDE FRONT (color) 5.5" x 8.5" \$1,000 **SOLD!**
- 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 (Finished Tribute Program size is 6" x 9", no bleeds)



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 8, 2017**. 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 to the address below, email advancement@smhs.org or Fax 949.766.6005

ADVERTISEMENTS

It is recommended that you acknowledge the event "SMCHS BLUE AND GOLD" or "BLUE AND GOLD 2017" 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: _____