For office use - control #_____

Magazine Contract

Date_____

Advertiser Name_____

Contact Name_____

Address_____

City I State I Zip_____

Tel I Fax I Email _____

PLEASE MAKE CHECKS PAYABLE TO: **ASH** (**ACADEMY OF THE SACRED HEART**)

Credit Card (Please circle one) Visa MasterCard Discover

Card No._____ Exp. Date_____ 3-digit security code _____

Signature_____ Total $_____

specifications: magazine finished size 8-1/2" x 11" upright (bleed margins extend to 1/8")

_____Full-page (**color**) 7-1/2" (W) x 10" (H)	$1,400
_____Half-page (**color**) 7-1/2" (W) x 5" (H) (horizontal)	$ 725
_____Full-page (**black and white**) 7-1/2" (W) x 10" (H)	$ 700
_____Quarter-page (**color**) 3-3/4" (W) x 5" (H) (vertical)	$ 375
_____Half-page (**black and white**) 7-1/2" (W) x 5" (H) (horizontal)	$ 375
_____Quarter-page ad (**black and white**) 3-3/4" (W) x 5" (H) (vertical)	$ 200

• CHECK ALL THAT APPLY BELOW

_____repeat advertisement from last year

_____new advertisement this year

_____the ad will be mailed on a CD in a high resolution pdf format (please include all fonts)

_____I will e-mail the ad in a high resolution pdf format (please include all fonts) to: **cciesliga@ashmi.org**

White copy: Publications Office
Yellow copy: Donor

Academy of the Sacred Heart
1250 Kensington Road I Bloomfield Hills I MI 48304-3029 I t 248.646.8900 f 248.646.4143 I www.ashmi.org
Inquiries may be directed to: Publications Manager, Academy of the Sacred Heart t 248.646.8900 Ext. 175

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