For office use - control #_____

Parent 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")

Family portraits/Children photos

_____Quarter-page ad (**color**) 3-3/4" (W) x 5" (H) (vertical) $ 150

greetings (Limit 4 lines please)

_____

_____

_____

_____

• 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
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Inquiries may be directed to: Publications Manager, Academy of the Sacred Heart t 248.646.8900 Ext. 175

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