



1. MFA # _____

Donor Name _____

Address _____

City _____ State ____ Zip _____

Phone _____

Email _____

2. Print No Ad - Accept my donation \$ _____

Print Ad - See box →

3. Please send a copy of the Ad Book to Donor at Address above. (Books only mailed to donors contributing \$300 or more).

4. Amount of Donation \$ _____

(please check box below for ad level)

LEGACY SPONSORS

GIVING HEARTS

- Recognition on Front Cover (4 color) \$50,000
- Recognition on Back Cover (4 color) \$40,000
- Inside Front or Back Cover (4 color) \$30,000
- Full Platinum Page Ad \$20,000
- Full Gold Page Ad \$15,000
- Full Red Page Ad \$10,000

See Information Sheet for Sponsorship Benefits

- Full Page Ad \$5,000
- Half Page Ad \$2,500
- Quarter Page Ad \$1,250
- 5 Lines \$500
- 5 Lines (smaller font) \$300
- 4 Lines \$150
- 4 Lines (smaller font) \$75

TEXT FOR AD

(Create short message or attach card or copy)

1. _____
2. _____
3. _____
4. _____
5. _____

Maximum 35 "letters" per line including spaces and punctuation. We reserve the right to edit for clarity and length. Ads \$1,250 or more may use all lines and may include artwork or logos (please attach).

RESIDENT PHOTO INFORMATION

For Ad Book Contributions of \$1,250 or more:

Submit a 4x6 photo of your resident for the Resident Photo Section. (Check one box below)

- My photo is attached (Use a Post-It note to write MFA# and caption on back of photo)
- I emailed my photo to Kaufman.Kate@gmail.com with MFA# and caption in subject line
(Please send highest resolution photo file)

5. PAYMENT: By submitting payment you authorize Misericordia Family Association to print your Ad in the 2018 Ad Book, which will be distributed at the 58th Annual Misericordia Family Association Benefit on June 23, 2018. We do not sell or rent donor names. We reserve the right to decline to print ads. Payment Must Accompany This Form. Make checks payable to Misericordia Family Association or complete credit card form below.

6. MAIL: Payment and completed form in Yellow envelope to: Misericordia
ATTN: Ad Book Committee
6300 North Ridge Avenue
Chicago, IL 60660-1017

Credit Card Payment Form for Ad Book

Total Amount of Ad to be Charged to Your Credit Card \$ _____

Circle One: VISA MasterCard Discover

Card # _____ 3 Digit Code (on back of card) _____ Exp. Date _____

Print Name _____ Signature _____

Address _____ City _____ State ____ Zip _____

Phone (_____) _____ Email _____ MFA # _____