



Program Ad Specifications & Rates

Full-page black & white ad - \$300

8.25" (tall) by 5.25" (wide)

Half-page black & white ad - \$200

4" (tall) by 5.25" (wide)

Quarter-page/Business card size black & white ad - \$100

4" (tall) by 2.5" (wide) **OR** 2" (tall) by 5.25" (wide)

All artwork must be in .JPEG or PDF format only and submitted **via email by August 15, 2015**

Contact Name: _____

Company Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Work Ph: (____) _____ Fax: (____) _____

Email: _____

Program Ad Size

- Full-page \$300 Half-page \$200 Quarter-page/Business card size \$100

Payment Method

- Please send me an invoice
 Check enclosed (Made payable to: Children's Hospital of Michigan Foundation)

Credit Card: MasterCard Visa American Express

Card Number: _____ Expiration Date: _____

Name on card: _____

Signature: _____

Please Return This Form to:

Children's Hospital of Michigan Foundation
Attention: Stephanie Holland
3901 Beaubien Street, Mailbox 257, Detroit, MI 48201
Fax the form to **313.993.0119** or
E-mail stephanie.holland@chmfoundation.org

Questions? Please call Stephanie at 313.745.5291