

**2019 Women of Grace Luncheon- November 4, 2019**  
**Program Ad Form**



WOMEN OF GRACE

	Description	Ad Size	Price
<b>SOLD</b> <b>SOLD</b> <b>SOLD</b>	○ Outside back cover – color	4.5w x 7.5h	\$1,000
	○ Inside back cover – color	4.5w x 7.5h	\$750
	○ Inside front cover – color	4.5w x 7.5h	\$750
	○ Full Page – color	4.5w x 7.5h	\$350
	○ Half Page – color	4.5w x 3.75h	\$275
	○ Full Page – B&W	4.5w x 7.5h	\$175
	○ Half Page – B&W	4.5w x 3.75h	\$125
	○ Donation		\$ _____
	Total		\$ _____

**DEADLINE: Friday, October 5, 2019**

**Contact Information** *(Please print. Thank you.)*

Contact Name:					
Contact Title:					
Company Name:					
Street Address:					
City:		State:		Zip:	
Phone:		Cell Phone:			
E-mail:					

**Payment Information** *(Please print. Thank you.)*

- Check made payable to **Bethesda Hospital Foundation**.
- Please charge my credit card for a total of \$ \_\_\_\_\_.

\_\_\_\_\_ Card number *(required)* \_\_\_\_\_ Expiration date *(required)*

\_\_\_\_\_ Name as it appears on card *(please print)* \_\_\_\_\_ Security code *(required)*

\_\_\_\_\_ Billing address for card *(if different than above)*

\_\_\_\_\_ Authorizing Signature *(required)*

Bethesda Hospital Foundation / 2815 S. Seacrest Blvd., Boynton Beach FL 33435

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