

Advertising Form for Summer in Paradise Program Easter Seals Central Pennsylvania



Company / Donor Name

Primary Contact

Address

City

State

Zip Code

Phone

Fax

Email

Alternate Contact Person

Phone

Email

Full Page Ad-5"Wx4"H (\$30) number of ads _____

Half Page Ad -5"Wx8"H(\$15) number of ads _____

All are Full Color Ads
Please send either a .jpg or .eps format.
Final artwork due by July 1, 2012

Signature of Primary Contact

Date

My signature indicates authorization to make this commitment on behalf of my company

Payment Options: (Please circle one)

Check Enclosed

Credit Card

Please Bill: Payment will be made by: _____

Credit Card Number—Circle One

Expiration Date

CSV code (on back of card)

Visa MasterCard American Express Discover

Name as it appears on Card

Signature

Billing address on card (street, suite#, city, state, zip)

Please mail original form to:

Easter Seals Central Pennsylvania—219 E. Main St, Suite 203, Mechanicsburg, PA 17055

Phone 717-591-7027

Signature of Easter Seals Central Pennsylvania Staff

Date

A copy of the official registration and financial information for Easter Seals Central Pennsylvania may be obtained by calling the PA Department of State toll free, 1.800.732.0999. Registration does not imply endorsement.