

PROGRAM BOOK ADVERTISING ORDER FORM
UPMC Health Plan & Rainbow Kitchen Community Services
W.A.R. (Walk And Ride) Against Hunger

Display Advertising

- _____ \$300 Full Page Ad
(7" w x 9 1/2" h)
- _____ \$200 Half Page Ad
(7" w x 4 1/2" h)
- _____ \$125 Quarter Page Ad
(3-1/2" w x 4 1/2" h)
- _____ \$ 75 Business Card Ad
(3-1/2" w x 2" h)

Single Line Listing*

- _____ Benefactor (\$200)
- _____ Donor (\$150)
- _____ Supporter (\$100)
- _____ Friend (Up to \$50)

* **Single Line Listing Text:** _____

_____ We would like to donate a gift certificate (enclosed).

_____ We would like to donate merchandise _____

_____ We are willing to display a poster and/or brochures promoting the event.

Business/Organization/Name _____

Contact Name _____ **Title** _____

Address _____

City, State, Zip _____

Phone _____ **Fax** _____ **Email** _____

Total Amount Enclosed: \$ _____ (make check payable to Rainbow Kitchen)

Please return this form with payment by April 10th

*You may email your ad to rainbowkitchen1@aol.com (pdf format preferred)
 or include your black & white ad copy with this form.*

Thank you for your support!