



# ST. PETER CHANEL NIGHT OF CELEBRATION GALA PROGRAM ADVERTISING FORM



Business Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## Program Advertising Info

Please Check One	Program Ad Size	Cost
<input type="checkbox"/>	<b>Full Page</b>	\$300
<input type="checkbox"/>	<b>Half Page</b>	\$200
<input type="checkbox"/>	<b>Quarter Page</b>	\$150
<input type="checkbox"/>	<b>Business Card/ Personal message</b>	\$75

**Please return this completed form  
no later than January 29, 2013.**

**St. Peter Chanel High School  
480 Northfield Road  
Bedford, OH 44146**

Please charge my account:  Mastercard  Visa  AmEx  Discover

Name on card: \_\_\_\_\_

Card #: \_\_\_\_\_ Exp. Date \_\_\_\_\_ Security Code \_\_\_\_\_

- Checks payable to “St. Peter Chanel High School OR indicate that you would like to be invoiced
- Please email artwork to [jkennedy@stpeterchanel.com](mailto:jkennedy@stpeterchanel.com) , or attach business card and/or instructions.
- Questions? Please email Jule Kennedy at [jkennedy@stpeterchanel.com](mailto:jkennedy@stpeterchanel.com) or (440) 232-5900 ext. 133
- **Program Commitments Due: January 29, 2013**