



## Cultural Academy for Excellence

THE CULTURAL ACADEMY FOR EXCELLENCE (CAFE) will produce a keepsake 21<sup>ST</sup> Anniversary Gala Souvenir Brochure that will contain information about the organization's STREAM program, projects, accomplishments, and honorees. The event program will be distributed to Gala attendees and throughout the community.

You are invited to purchase an ad in the event program. Rates and advertising deadlines are for print-ready copy only. Ads must be received by October 20, 2017.

**NO COLOR:** All pages are printed in black and white.

**REPRODUCTION REQUIREMENTS:** Please provide your ad using one of the following formats: PDF (300 dpi), JPEG (JPG) or GIF and include all fonts and images. All files should be in color; black and white or grayscale. Please email your files and submit a hardcopy or PDF proof of your ad.

Please complete the enclosed form and return with your tax-deductible contribution by October 20, 2017.

For support, contact Lorna Green : 301 785 0390 or email: [lgreencafe@aol.com](mailto:lgreencafe@aol.com)

Ad Type Size (W x H in inches) and Rates

Business Card 3.5 x 2 inches \$250

Quarter Page 3.19 x 4.875 inches \$400

Half Page (horizontal) 6.6 x 4.875 inches \$750

Full Page (no bleed) 7.5 x 9.75 inches \$1,200

\$1,500 Inside Front Cover 8.5 x 11 inches

\$2,000 Inside back Cover 8.5 x 11 inches

***NOTE: Please keep important elements (logo, text, etc.) at least .25" away from the trim edge.***

TO ENSURE THE YOU WILL GET YOUR ADVERTISEMENT IN THE PROGRAM, please complete and forward this application to CAFE, by October 20. CAFE reserves the right to choose applications that are suitable to our mission. CAFE taxpayer ID number is 52-2127756.

ADVERTISING RATES Camera-ready Color ad needs to be submitted along with response form and/or emailed to: [LGREENCAFE@AOL.COM](mailto:LGREENCAFE@AOL.COM): [ ] Inside Front Cover \$1,500 [ ] Inside Back Cover \$2,000 [ ] Full Page \$1,200 [ ] Half Page \$750 [ ] Quarter Page \$400 [ ] Business Card \$250

DONATIONS: Please accept my tax-deductible donation of \$\_\_\_\_\_.

Please accept my in-kind donation and/or silent auction item. Item(s)

\_\_\_\_\_ Value \$\_\_\_\_\_ Donations of \$200 or more will receive recognition in our event program.



## Cultural Academy for Excellence

### COMPANY INFORMATION

Company Name \_\_\_\_\_

Contact Name & Title \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

Website \_\_\_\_\_

PAYMENT OPTIONS [ ] Enclosed is my check for \$\_\_\_\_\_. (payable to CAFE)

Please process my credit card payment for \$\_\_\_\_\_. [ ] Visa [ ] Mastercard [ ] PayPal

Credit Card Number \_\_\_\_\_ Date Exp. \_\_\_\_\_ Sec.Code \_\_\_\_\_

Authorized Name \_\_\_\_\_ Signature \_\_\_\_\_

All monies must be received by October 20, 2017. Return this form with payment to:

CAFE 11305 Chantilly Lane, Mitchellville, MD 20721

**\*\* Keep a copy of this form for your records \*\***

