



Program Advertising

Advertiser Information

Contact Name _____

Company _____

Address _____

City _____

State _____

Zip _____

Phone _____

Email _____

Signature _____

Date _____

Ad Sizes

- Full page (7.5 H × 4.5 W): \$500
- Half page: (3.625 H × 4.5 W): \$275
- Quarter page: (3.625 H × 2.2 W): \$150

Tickets

_____ tickets @ \$50 each

Total \$ _____

Payment Method

Send me an invoice via Square to:

(email address)

Check enclosed *(please make check out to Nascentia Health Charitable Foundation)*

Agreement Due by Friday, August 6

Please email form to foundation@nascentiahealth.org or mail to:

Nascentia Health Charitable Foundation
1050 West Genesee Street
Syracuse, NY 13204

Questions? Please contact Rebecca Lerman at (315) 477-9547 or email foundation@nascentiahealth.org.

Artwork Submissions

Artwork due by Friday, August 25

Please send artwork to foundation@nascentiahealth.org

Ads are black and white. Art files must be 300dpi at full size and submitted as PDF, jpg, or tif

If you need assistance creating an ad or have any questions, please email foundation@nascentiahealth.org

Nascentia Health
Charitable Foundation

