

**Christ Our Hope Catholic Church**  
**40<sup>th</sup> Anniversary**  
 Advertising Form for Souvenir Program Book  
**AD DEADLINE: July 31, 2024**



**Contact:** \_\_\_\_\_  
**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_  
**E-mail:** \_\_\_\_\_ **Parish:** \_\_\_\_\_  
**Business:** \_\_\_\_\_

**AD SIZES & REQUIREMENTS**

Check ✓ Ad Size Desired	Ad Size	Measurements	Cost	Quantity	Total Price
<input type="checkbox"/>	Full Page	Full Page	\$ 100		
<input type="checkbox"/>	1/2 Page		\$ 75		
<input type="checkbox"/>	1/4 Page		\$ 50		
<input type="checkbox"/>	Business Card		\$ 25		
<input type="checkbox"/>	Patron's List / Honor / Memorial	1 name	\$ 10		
<input type="checkbox"/>	Layout Charge	For each AD you need us to create	\$ 20		
			<b>Total Cost:</b>		

**Payment Method**

- Check (please make all checks payable to Christ Our Hope Catholic Church  
Check # \_\_\_\_\_ Check Amount \$ \_\_\_\_\_)
- Cash – Amount Included \$ \_\_\_\_\_
- Online – Amount Paid \$ \_\_\_\_\_



<https://www.osvhub.com/christourhopeatl/giving/funds/40th-anniversary-souvenir-book>

**(Scan QR Code to Pay)**

**AD Copy and Content:** *To insure a good quality book, all photos for ads will be scanned. Send actual photos*

*(No black & white photocopies) and a SASE if you want them returned. Alternately you may email your photo.*

- CAMERA-READY Copy is enclosed (please follow mailing instructions on page 2)
- CAMERA-READY Copy to be e-mailed (please read e-mail instructions on page 2)
- NON-CAMERA-READY: please layout my Ad (read layout instructions on page

**Email for Ad:** [coh40thanniversary@gmail.com](mailto:coh40thanniversary@gmail.com)

**\* include order form copy with payment**

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**Patron's List:** *please list the patron's full name as you wish it to appear including title along with parish. If more than three names, please attach a sheet of paper with additional names and parishes to this form.*

1. First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Parish: \_\_\_\_\_ City & State: \_\_\_\_\_
2. First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Parish: \_\_\_\_\_ City & State: \_\_\_\_\_
3. First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Parish: \_\_\_\_\_ City & State: \_\_\_\_\_

**Memorial/Honor Donation:**

In Honor of \_\_\_\_\_  
(Print full name clearly as you wish it to appear in print)

Reason for Honor (Birthday, Anniversary, Service to Organization, etc.)

In Memory of \_\_\_\_\_  
(Print full name clearly as you wish it to appear in print)

**Mentor Donation:**

Mentor \_\_\_\_\_  
(Print full name clearly as you wish it to appear in print)

**CAMERA-READY Copy E-mail Instructions:** submit to  
[coh40thanniversary@gmail.com](mailto:coh40thanniversary@gmail.com)

*\*(For Digital Copy: PDF, Microsoft Word or Microsoft Publisher). Submit scans and artwork in .jpeg, .png or .bmp formats; photos at a minimum of 300 dpi.)*

**NON-CAMERA-READY - Layout Instructions should be included with your Ad form.**

**FOR MORE INFORMATION, PLEASE CONTACT:**

Call: Karren De Bow @ 770.722.9207

E-mail: [coh40thanniversary@gmail.com](mailto:coh40thanniversary@gmail.com)

<b>FOR OFFICE USE ONLY</b>
DATE RECEIVED: _____
PROOFED BY: _____
PAID IN FULL DATE: _____