

Christ Our Hope Catholic Church
40th Anniversary
 Advertising Form for Souvenir Program Book
AD DEADLINE: July 26, 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"/>	Inside Cover		\$200		
<input type="checkbox"/>	Full Page	Full Page	\$ 100		
<input type="checkbox"/>	1/2 Page		\$ 75		
<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		
			Total Cost:		

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>

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

*** 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

**(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

FOR OFFICE USE ONLY
DATE RECEIVED: _____
PROOFED BY: _____
PAID IN FULL DATE: _____