

HELP SUPPORT BLIND SERVICE ASSOCIATION'S PROGRAMS & SERVICES

◇ BLIND SERVICE ASSOCIATION ◇ ANNUAL "LIGHT THE WAY" BENEFIT ◇
NOVEMBER 5, 2011

PROGRAM BOOK SPONSORSHIP FORM

Individual/Business Name: _____

Contact Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Business Phone: _____

Fax: _____ E-Mail: _____

All announcements or ads will be produced in black and white or color. Please make your selection below:

- | | |
|---------------------------------------|-----------------|
| ___ Eighth of a Page (4¼" x 2¾")..... | \$100.00 |
| ___ Quarter Page (4¼" x 5½")..... | \$200.00* |
| ___ Half Page (8½" x 5½")..... | \$400.00* |
| ___ Full Page (8½" x 11")..... | \$750.00 |
| ___ Inside Back Cover..... | \$1000.00 |
| ___ Back Cover..... | \$1200.00 |
| ___ Pathways Fund..... | \$25.00 or more |
| Your name will appear on this page | |

*These rates are reduced from last year's prices of \$250 and \$500

Please write the message you would like printed in the space below and either email your logo, camera ready art, or complete copy as a .jpg or .pdf to bsabenefit@aol.com (this method is preferred) OR attach your business card, logo, camera ready art, and message below.

ALL ANNOUNCEMENTS OR ADS MUST BE RECEIVED BY OCTOBER 3RD.

___ Enclosed is my check or money order.

___ Please charge my ___ Visa or ___ Mastercard or ___ Discover (Amount must be over \$25.00)

Card Number _____ Expiration _____

Signature _____

___ Enclosed is my announcement or ad information.

___ I have emailed my announcement or ad information.

I am unable to provide an announcement or ad, but would like to contribute \$_____ to
Blind Service Association's November 5th Benefit.

Please return to:

**Blind Service Association • 17 N. State Street, Suite 1050 • Chicago, Illinois 60602
Phone (312) 236-0808 • Fax (312) 236-8679 • bsabenefit@aol.com**