

**BLIND SERVICE ASSOCIATION  
95<sup>TH</sup> ANNIVERSARY CELEBRATION  
OCTOBER 11, 2019  
PROGRAM BOOK ORDER FORM**

Individual/Business Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

Home or Cell Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_



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

- |  |            |  |                 |
|--|------------|--|-----------------|
| <input type="checkbox"/> Eighth of a Page (4 1/4" x 2 3/4").....       | \$100.00   | <input type="checkbox"/> Inside Front Cover..... | \$1000.00       |
| <input type="checkbox"/> Quarter Page (4 1/4" x 5 1/2").....           | \$200.00   | <input type="checkbox"/> Inside Back Cover.....  | \$1000.00       |
| <input type="checkbox"/> Half Page (8 1/2" x 5 1/2").....              | \$400.00   | <input type="checkbox"/> Back Cover.....         | \$1500.00       |
| <input type="checkbox"/> Full Page (8 1/2" x 11").....                 | \$750.00   | <input type="checkbox"/> Best Wishes Page.....   | \$25.00 or more |
| <input type="checkbox"/> 95 <sup>th</sup> Anniversary Candle.....      | \$100 each | (your name will be listed on this page)          |                 |
| (your name will be listed on this page and a candle lit in your honor) |            |  |                 |

***ALL ANNOUNCEMENTS OR ADS MUST BE RECEIVED BY SEPTEMBER 20<sup>TH</sup>***

Enclosed is my check or money order. Or purchase on-line at [blindserviceassociation.org/donate.php](http://blindserviceassociation.org/donate.php)

Please charge my  Visa  MasterCard  Discover  American Express

Card Number \_\_\_\_\_ Expiration \_\_\_\_\_ Code \_\_\_\_\_

Enclosed is my announcement or ad. Circle one: Business Card, Logo, Camera Ready Art, Message

I have emailed my announcement or ad (.jpeg or .pdf to [info@blindserviceassociation.org](mailto:info@blindserviceassociation.org))

Save the paper and postage, I do not need a receipt.  I prefer my receipt by e-mail.

**I am unable to provide an announcement or ad but would like to contribute \$ \_\_\_\_\_ to  
Blind Service Association's October 11, 2019  
95<sup>th</sup> Anniversary Celebration.**

*Please return to:*

Blind Service Association • 17 N. State Street, Suite 1050 • Chicago, Illinois 60602  
Phone (312) 236-0808 • Fax (312) 236-8679 • [info@blindserviceassociation.org](mailto:info@blindserviceassociation.org)