



# SEEDS OF DREAMS

125<sup>TH</sup> ANNIVERSARY GALA  
SATURDAY, APRIL 6, 2019  
CHERRY VALLEY COUNTRY CLUB, SKILLMAN, NJ

## ADVERTISING RESERVATION FORM

*Thank you for placing an ad in our program book!*

Funds raised at this special event will be used to directly support the programs and services CHSofNJ provides each year, touching the lives of 84,000 at-risk children and families of New Jersey and Eastern Pennsylvania.

- Program books are distributed to all event attendees, volunteers, and donors
- Our website CHSofNJ.org will feature a copy of the program book following the event

**Send camera ready ad as a high resolution .jpeg or .tiff image file to [jgirard@chsofnj.org](mailto:jgirard@chsofnj.org) by March 8, 2019.**

If you don't have an ad or a designer to create one, Justin can design an ad for you at no extra cost.

**----- DON'T FORGET - ARTWORK DUE BY MARCH 15, 2019! -----**

*I/We would like to reserve the following ad space:*

- |  |         |                              |
|--|---------|------------------------------|
| <input type="checkbox"/> Premium Color Back Cover Ad (5" wide x 8" high)     | \$1,500 | ◀ <b>ONLY ONE AVAILABLE!</b> |
| <input type="checkbox"/> Premium Color Full Page Ad (5" wide x 8" high)      | \$1,000 |                              |
| <input type="checkbox"/> Premium Color Full Page Ad (5" wide x 8" high)      | \$500   |                              |
| <input type="checkbox"/> Premium Color Half Page Ad (5" wide x 4" high)      | \$250   |                              |
| <input type="checkbox"/> Premium Color Quarter Page Ad (2.5" wide x 4" high) | \$125   |                              |

*All contributions are tax - deductible within the limits prescribed by law. CHSofNJ is a 501(c)(3) not-for-profit organization.*

Company Name (if applicable): _____		
Contact Person: _____		
Address: _____		
Phone: _____	E-mail: _____	
Payment Options:	<input type="checkbox"/> Check Enclosed ( <i>payable to CHSofNJ</i> )	<input type="checkbox"/> Credit Card ( <i>details below</i> )
	<input type="checkbox"/> Send invoice	
Name on Card: _____	Credit Card No.: _____	Exp. _____

Please return this completed form with payment to:  
The Children's Home Society of New Jersey, Attn: Justin Girard, 635 South Clinton Avenue, Trenton, NJ 08611  
Phone: 609-695-6274 x150 Email: [JGirard@chsofnj.org](mailto:JGirard@chsofnj.org) Fax: 609-394-5769