

Program Advertisement Order Form



Syracuse Chorale, Inc.

P.O. Box 402

Syracuse, NY 13206 – 0402 2016-2017

Ad must be submitted camera ready (Check size of ad)

- Full Page – (4.5 x 7.5) \$200
- Half Page (4.5 x 3.75) \$100
- Quarter Page (3½ x 1.875) \$50

- Repeat from last year
 - Note changes
- New Ad - New Advertiser
- New Ad - Former Advertiser

Contribution received: Amount _____ Date _____ Cash Check

Please make checks payable to: **Syracuse Chorale, Inc.**

All donors at the \$200 level or above will receive two complimentary tickets to a concert of your choice.

Organization Name _____

Address _____ Phone _____

City _____ State _____ Zip _____

Contact: Mr. Ms. Mrs. Dr. (circle one)

First Name _____ Last Name _____

Title/Function _____

Chorale member's name _____ Date: _____

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RECEIPT FOR CONTRIBUTION TO THE SYRACUSE CHORALE, INC. 2016-2017

Received from: _____

Amount: _____ Date: _____

Chorale Member: _____