

***Community Resource Services***

 ***Pearl Anniversary Gala***

# *Saturday, January 26, 2019*

*LACENTRE Conference & Banquet Facility, Westlake, Ohio*

Auction/Advertisement Form

Company Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

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

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Anniversary Gala Auction Donation:**

**My company would like to donate the following goods or services to be used in the silent or live auction. Please provide a description and approximate value of the donated item:**

 **Value:**

**Please return auction items by January 9, 2019.**

**Anniversary Gala Program Advertisement:**

* ***$200 - Full-page advertisement*** (7.5” h x 4.5” w)
* ***$150 - Half-page advertisement*** (3.5” h x 4.5” w)
* ***$100 - Quarter-page advertisement\**** (1.75” h x 4.5” w)
* ***$50 - Eighth-page advertisement\* (***2” w x 1.75” h)

\*Artwork from business cards may be resized to fit this ad size.

* Camera-ready art should be provided electronically (pdf, jpeg or tiff) to: pohradzansky@aalcrs.org
* Business card enclosed (if applicable).
* Please use my ad from last year.

***All ads******must be received by January 4, 2019.***

Enclosed is my check for $ \_\_\_\_\_\_\_\_\_\_ made payable to CRS to cover the cost of the advertisement.

Authorized signature: \_\_\_Date: \_\_\_

**Please return with payment to CRS, 33479 Lake Road, Suite C, Avon Lake, OH 44012**

**Please contact Pam at 440.933.5639 if you have any questions.**