



October 28, 2010



Company Name (As you would like to appear in program)

Address

City

State

Zip

Phone Number

Email Address

Authorized By

Position

CFEF Contact

Fund-Raising Event Program Advertising Rates
Program Size 8 1/2" X 11"

Check One:

- | | | | |
|--------------------------|--------------------|------|-------|
| <input type="checkbox"/> | BACK COVER | | \$525 |
| <input type="checkbox"/> | INSIDE FRONT COVER | SOLD | \$425 |
| <input type="checkbox"/> | INSIDE BACK COVER | | \$425 |
| <input type="checkbox"/> | FULL PAGE | | \$275 |
| <input type="checkbox"/> | ONE HALF PAGE | | \$175 |
| <input type="checkbox"/> | ONE QUARTER PAGE | | \$125 |
| <input type="checkbox"/> | BUSINESS CARD SIZE | | \$ 75 |

FORM OF PAYMENT

Check One:

- Check
- Cash
- Credit

Credit Card Number

Card Holder Signature

Exp Date: _____

Deadline for inclusion in the program is September 30, 2010

Please email ad copy in one of the following formats PDF, TIF, JPEG or EPS to denise@thecfef.org.
CFEF, P.O. Box 1698, Cypress, TX 77410-1698 Phone 832-381-2333 Fax 832-634-3434

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