



HolyName

# MS Awards Dinner

## JOURNAL ADS

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- CHAMPION** ..... \$1,250  
Full color ad measuring 4.75" wide x 7.75" high in the front of book
- TRIBUTE** ..... \$750  
Black & white prominent ad measuring 4.75" wide x 7.75" high with a special border
- FULL PAGE** ..... \$500  
Black & white ad measuring 4.75" wide x 7.75" high
- HALF PAGE** ..... \$350  
Black & white ad measuring 4.75" wide x 3.875" high
- QUARTER PAGE** ..... \$150  
Black & white ad measuring 4.75" wide x 2" high
- PATRON LISTING** ..... \$100  
Black & white and up to two lines

# SPECIFICATIONS FOR JOURNAL ADVERTISERS

## Champion, Tribute & Full Page Ad

4.75" wide x 7.75" high

### AD PRICES

Champion.....	\$1,250
Tribute.....	\$750
Full Page.....	\$500
1/2 Page.....	\$350
1/4 Page.....	\$150
Patron Listing.....	\$100 (60 Characters)

## Half Page Ad

4.75" wide x 3.875" high

Please email to [lfutterman@holyname.org](mailto:lfutterman@holyname.org)  
(preferred) or forward clean copy to:

Lisa Futterman  
Holy Name Foundation  
718 Teaneck Road  
Teaneck, NJ 07666  
201-833-3000 ext. 3899

## Quarter Page Ad

2" x 4.75"

*All digital artwork should be  
submitted as a high-resolution print-ready pdf  
by October 25, 2024.*

## Patron Listing

Please print a max 60 characters

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I will attend the MS Awards Dinner and have enclosed \$250 for each guest. (Please print all names on back)

Number of Guests \_\_\_\_\_

I will be a Table Sponsor. (Please see enclosure)

Number of Kosher Meals \_\_\_\_\_

I will place an ad in the Ad Journal. (Please see enclosure)

I'm **unable** to attend but I've enclosed a donation in honor of: \_\_\_\_\_

TOTAL AMOUNT ENCLOSED \$ \_\_\_\_\_

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

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

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

Email: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Check Enclosed (payable to Holy Name Foundation)

Sign Up Online: [holyname.org/MsAwardsDinner](http://holyname.org/MsAwardsDinner)

Please charge my  Visa  MasterCard  American Express  Discover

Card Number: \_\_\_\_\_ Exp. Date \_\_\_\_\_ Sec. Code \_\_\_\_\_

Cardholder Name (if different from above): \_\_\_\_\_

Billing Address of Card (if different from above): \_\_\_\_\_

Please seat me with the following people. My guest names are (please print):

_____ Name	_____ Cell	_____ Name	_____ Cell
_____ Name	_____ Cell	_____ Name	_____ Cell
_____ Name	_____ Cell	_____ Name	_____ Cell
_____ Name	_____ Cell	_____ Name	_____ Cell
_____ Name	_____ Cell	_____ Name	_____ Cell

For further information contact Lisa Futterman at  
201-833-3000 ext. 3899, [Lfutterman@holyname.org](mailto:Lfutterman@holyname.org) or visit [www.holyname.org/foundation](http://www.holyname.org/foundation)

Fair market value of goods received is \$125 per person. The Holy Name Foundation is a 501(c) (3) organization; tax ID#22-2737143.