Show Program Advertising Form

Company OR Personal Name

_____

Contact person (if different from above)

_____

Address ———————— City _____ State _____ Zip _____

Phone # _____ Fax # _____ E-mail_____

Name as it should appear on printed materials:

_____

Artwork and program advertising must be submitted no later than Aug 18th 2017
Submit ads as PDFs to: lisamills211@gmail.com

Stlhorseshow.com

_____$500 — Back Cover (8.5" x 11")_____$150 — Half Page (8.5" x 5.5")

_____ $400 — Inside Front or Back Cover (8.5" x 11")_____$125 — Quarter Pg (4.25" x 5.5")

_____ $600 — Two Page Spread (11" x 17")

_____ $300 — Full Page (8.5" x 11")

Method of payment — *(Gifts* are tax deductible according to the amount allowed by law)

_____Our check is enclosed made payable to: St Louis National Charity Horse Show

_____Mail check to: 1 Chabanel Drive, Defiance, MO 63341

Credit Card._____M/C_____VISA

Exp. Date _____Security Code_____

Name as it appears on the card: _____

Signature:_____

E-Mail: stlnchorseshow@aol.com Website: www.stlhorseshow .com

---

For Horse Show Use Only

Donation Solicited by:_____Date:_____

Amount $_____ Date Received _____Date Deposited_____

Acknowledged_____