

# Laura Recovery Center Gala Advertising Form

Gala Year: \_\_\_\_\_

Donor Name or Organization \_\_\_\_\_ Phone \_\_\_\_\_

Name as it should appear in publication \_\_\_\_\_

Person to contact \_\_\_\_\_ Person to thank/Title \_\_\_\_\_

Mailing address \_\_\_\_\_ Email address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

## Program Advertisements - Business and Personal Recognitions

- \_\_\_\_\_ \$500 - Centerfold Full Page black & white recognition - 7.5" wide by 10" high (only 1 available)
- \_\_\_\_\_ \$200 - Full page black & white recognition - 5" x 7" - either horizontal or vertical
- \_\_\_\_\_ \$150 - Half page black & white recognition - 5" wide by 3 1/2" high
- \_\_\_\_\_ \$50 - Business card size black & white recognition - either horizontal or vertical

**Deadline for Program Ad submission is September 12, 2006**

*Gifts to Laura Recovery Center are tax deductible as allowed by law.  
Laura Recovery Center is a federally recognized 501 ( c ) ( 3 ) organization.*

Signed \_\_\_\_\_ Phone \_\_\_\_\_  
Donor or Authorized Party

Received by \_\_\_\_\_ Total \$ \_\_\_\_\_ Date \_\_\_\_\_  
LRC Representative

Check # \_\_\_\_\_ (make checks payable to LRC) **OR** Credit Card(circle) Visa Master Card

Credit Card # \_\_\_\_\_ Security Code \_\_\_\_\_ Exp. Date \_\_\_\_\_  
Name as it appears on card \_\_\_\_\_

***Laura Recovery Center gratefully acknowledges your generous support.***

Please check the following:

\_\_\_\_\_ Program Ad info incl (please attach artwork/copy)

\_\_\_\_\_ Ad copy to be picked up at location below:

\_\_\_\_\_ Ad copy to be emailed to Laura Recovery Center

To be completed by LRC Representative (pls date):

Thank you sent by LRC \_\_\_\_\_

Personal thank you to be sent \_\_\_\_\_

603 W. Edgewood \* Friendswood, TX 77546 \* 281-482-5723 \* www.LRCF.org

Donor keeps yellow copy

White copy - Return to LRC Office