



LAS AMIGAS DE LAS LOMAS

P.O. Box 2515 • PALOS VERDES PENINSULA, CALIFORNIA 90274

Advertising Form 54th Annual Charity Horse Show & Silent Auction

YES, I will show my support for the Los Angeles Orthopaedic Hospital by making a tax-deductible contribution to Las Amigas de las Lomas Charity Horse Show!*

ADVERTISING INFORMATION

Advertising Space Desired:

- | | | | |
|---|-----------|---|-----------|
| <input type="checkbox"/> Full Page (5.5 w x 7.25 H) | *\$175.00 | <input type="checkbox"/> Quarter Page (2.75 W x 3.75 H) | *\$100.00 |
| <input type="checkbox"/> Half Page (5.5 w x 3.75 H) | *\$125.00 | <input type="checkbox"/> Business Card Size (3 3/8 W x 1 7/8 H) | *\$75.00 |

Advertising Artwork: Please submit in either PDF, JPEG or Business Card format. For photos, high resolution (min. 300 DPI)

- | | |
|---|--|
| <input type="checkbox"/> Please use last year's submission | <input type="checkbox"/> Hand-delivered to Las Amigas Member |
| <input type="checkbox"/> Sent via E-mail (adcopy@lasamigasdelaslomas.org) | <input type="checkbox"/> Artwork enclosed with this form |

Preferred Method of Payment:

- | | |
|--|--|
| <input type="checkbox"/> Cash | <input type="checkbox"/> Credit Card No: _____ |
| <input type="checkbox"/> Check Check No: _____ | Exp. Date: _____ CCV: _____ |
| <input type="checkbox"/> Paypal E-mail Address: _____ | |

Delivery Method:

- Payment enclosed with this form Mailed to P.O. Box Payment hand-delivered to Las Amigas Member

Business Name: _____	Contact Signature: _____
Contact Name: _____	Contact Mailing address: _____
Contact Email: _____	_____
Contact Phone: _____	Las Amigas Member securing donation: _____

Please return this form to:
Las Amigas de las Lomas

P.O. Box 2515 • Palos Verdes Peninsula, CA 90274

* Las Amigas de las Lomas will send a letter acknowledging your tax-deductible contribution upon receipt of your donated item.