

Divine Child Auction
ADVERTISING AGREEMENT

I, the undersigned, agree to contract for advertising space in the Divine Child Auction Program book. Please place the following advertisement.

Name of Advertiser _____
 Billing Address _____
 City/State/Zip _____
 Phone (____) _____ Fax (____) _____
 Email _____
 Authorized signature _____
 Name *(please print)* _____
 Date of order _____ Amount enclosed \$ _____
 Parishioner School Family Alumnus Business

ADVERTISING SELECTIONS *(Check one selection below)*

- Outside Back Cover *(7-1/2" wide by 10" deep)* \$400
- Inside Cover *(7-1/2" wide by 10" deep)* \$300
- Center Page *(7-1/2" wide by 10" deep)* \$300
- Full Page *(7-1/2" wide by 10" deep)* \$150
- Half Page *(7-1/2" wide by 5" deep)* \$75
- Quarter Page *(3-1/2" wide by 5" deep)* \$50
- Eighth Page *(3-1/2" wide by 2-1/4" deep)* \$35

Ad size	Price
_____ page	\$ _____
Additional Set-Up charges <i>(See below)</i>	\$ _____
TOTAL AMOUNT ENCLOSED	\$ _____

ADDITIONAL SET-UP CHARGES *(Check one selection below)*

- Use ad from previous year with **NO CHANGES** No additional charge
- New CAMERA-READY ad enclosed **MUST BE EXACT SIZE** No additional charge
- Use ad from previous year with **ENCLOSED CHANGES** \$25.00
- Copy enclosed to design **NEW AD** \$25.00

Make checks payable to **DIVINE CHILD AUCTION**. All advertising MUST be pre-paid. Return this agreement, your ad copy *(where applicable)* and payment to the Divine Child Auction Office, 1001 N. Silvery Lane, Dearborn, MI 48128 - **BEFORE JANUARY 15th**. For further information, please contact **Marie Miller** by calling **313.562.1990, ext. 223** or faxing to 313.562.2045.

Divine Child Auction
ACQUISITION FORM

I, the undersigned, agree to donate the following item for use in the Divine Child Auction. Please state exact description, including size, color, services provided, dates available, number of persons/days/nights/weeks, and any restrictions, where applicable.

ONLY ONE ITEM PER ACQUISITION FORM.
 Signature of Donor _____

Brief description of item _____

Donors estimated value of item: \$ _____
 Exchangeable (check one) Yes No
 Gift Certificate enclosed (check one) Yes No
 Expiration date (if any) _____
Any restrictions? Yes *(Indicate in description)* No

I wish to make a **CASH donation** in the amount of \$ _____
Make checks payable to DIVINE CHILD AUCTION.

Donors Name _____
 Company Name _____
 Address _____
 City/State/Zip _____
 Phone (____) _____ Fax (____) _____
 Email _____
 Parishioner School Family Alumnus Business
 Recognize donor under
 Company Name Personal Name As Anonymous

Please keep a copy of this form for your records. Return this form with your item or donation to the Divine Child Auction Office, 1001 N. Silvery Lane, Dearborn, MI 48128. For further information or pick up of large items, please contact the Auction Office at 313.562.1990, ext. 223 or 224.

Divine Child is an IRS-recognized 501(c)3 organization eligible to receive contributions. Your contribution may be tax deductible under IRS regulations. All donors should receive an acknowledgment letter after the Auction.

FOR OFFICE USE ONLY

Proc. No. _____
 Catalog No. _____
 Pkgd. Proc. No. _____
 Pkgd with _____
 Item Cert. _____
 Create Cert. _____
 Bid _____ Raise _____
 PIE Level _____
 FMV _____