

Thomara Latimer Cancer Foundation
 presents its
**Fourteenth Annual Help, Hope &
 Scholarship Gala**
Saturday, March 17, 2012

SOUVENIR BOOK CONTRACT

DATE: ____/____/____

SOLD TO: _____

NAME OF BUSINESS _____

ADDRESS _____

City/St./Zip _____

PHONE: _____

NAME OF SOLITOR _____

ADDRESS _____

City/STATE/ZIP _____

TELEPHONE () _____

**Advertising copy and payment must be received
 by: February 25, 2012**

Make all checks payable to:
Thomara Latimer Cancer Foundation
 Mail To: Franklin Plaza Center
 29193 Northwestern Hwy. #528
 Southfield, MI 48034

ADVERTISING SPACE AND RATES

- OUTSIDE BACK \$300.00
- INSIDE COVER \$150.00
- PROGRAM PAGE \$200.00
- FULL PAGE (BLACK & WHITE) \$100.00
- 1/2 PAGE (BLACK & WHITE) \$50.00
- 1/4 PAGE (BLACK & WHITE) \$35.00
- 1/8 BUSINESS CARD \$25.00
- PATRON (SINGLE) \$5.00
- PATRON (DOUBLE) \$8.00
- PHOTO (EACH) \$10.00

The undersigned agrees to pay the sum of \$ _____
 for a _____ page ad in the Annual TLCF Program
 Booklet. The Gala will be held at the Regency Manor
 of Southfield, 25228 West 12 Mile Rd., Southfield, MI.
 on Saturday, March 17, 2012 at 6:00P.M.

 Purchaser's Signature Date

- I would also like to purchase ____ ticket(s) ____ table(s)
 (\$50.00 per ticket) to attend the banquet.

Total Invoice: _____

Payment Received: _____

Balance Due: _____

 Solicitor's Signature

**The diagnosis of cancer is hard!
 Finding help should not be.**

PLACE COPY HERE

PLEASE PRINT OR TYPE