

TRIBUTE JOURNAL FORM

DEADLINE: Friday, October 22, 2021

Fully tax deductible! Reserve your space now!

Page Size – 8.5” x 11”, Copy Size – 7” x 10”

Please check one:

- | | |
|--|--|
| <input type="checkbox"/> \$5,000.00.....The Diamond Centerfold* | <input type="checkbox"/> \$500.00.....Bronze Page |
| <input type="checkbox"/> \$2,500.00Outside Back Cover or Either Inside Cover* | <input type="checkbox"/> \$325.00.....Full Page |
| *The above pages include two complimentary VIP tickets to the ball.
Designated on a first-come, first-served basis. | |
| <input type="checkbox"/> \$1,800.00.....Anniversary Emerald Page | <input type="checkbox"/> \$250.00.....Sponsor a Survivor’s Story* |
| <input type="checkbox"/> \$1,500.00.....Ruby Page | <input type="checkbox"/> \$225.00.....Half Page |
| <input type="checkbox"/> \$1,000.00.....Gold Page | <input type="checkbox"/> \$175.00.....Quarter Page |
| <input type="checkbox"/> \$750.00.....Silver Page | <input type="checkbox"/> \$125.00Business Card (1/8 of a page) |
| | <input type="checkbox"/> \$ _____ Donation Only (all donations will be acknowledged with a listing in the journal) |

*Honor a Survivor in your community by sponsoring a page where they can share their inspiring story, an example is included on the back of this form.

Ad Text: Please include a congratulatory, memorial or cause related message along with any artwork. Typesetting is complimentary. Ads are printed in black and white, with the exception of The Diamond Centerfold and the Covers.

- Repeat last year’s ad.
- Preferred method:** Verbiage and/or artwork was sent to denise.buckley@cancer.org as a high-resolution jpeg or PDF.
- Reproduce enclosed business card.

Additional Opportunities to Participate:

- Please send me an invitation to the Diamond Ball.
- Please send me information on being a Table Host Sponsor - \$4,000 - 10 Tickets + 2 VIP Tickets & a Full Page Ad.
- Please send me information on available Sponsorships & Underwriting Opportunities.

Please print or type all information:

Name: _____

Company Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Payment Method:

- Charge (circle one): VISA / MC / AMEX / DISCOVER Check made payable to the American Cancer Society

Credit Card #: _____ Exp. Date: _____

Name on Card: _____ Signature: _____

Solicited by: _____

RETURN FORM TO:

American Cancer Society
Attn: Diamond Ball
2310 Route 34, 1D
Manasquan, NJ 08736

MORE INFORMATION:

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