



PROGRAM AD FORM

Grace Christian School Lighthouse Gala

Check one or more:

___ Business card: \$150

___ Quarter page ad: \$225

___ Half page ad: \$500

___ Full page ad: \$1,000

___ Inside back cover: \$1,500

Contact Information:

First & Last Name _____

Address _____

City, State, Zip _____

Telephone / Email _____

Payment Information: Checks are payable to Grace Christian School, and can be mailed along with this form to Grace Christian School, 602 High Ridge Road, Stamford, CT 06905.

Credit Card (check one): ___ Visa ___ Master Card ___ Discover

Name on card _____

Card number _____

Exp. Date _____ Signature: _____

Ad Submission Information: Email ad in PDF doc to cnardi@gracecs.org. For questions call 203.329.1482.