



CELEBRATION JOURNAL RATES

Deadline May 31, 2019

To honor all of the ways in which Unity Spiritual Center has touched the lives of its members, we will publish a full-color Celebration Journal for the event.

Members and Friends: We hope you will join in our special event by purchasing an ad that commemorates a special person, event, teaching, feeling, or memory from your time at Unity that you hold dear. Photos are welcome!

Local Business Owners: We hope you will join in our special event by purchasing an ad that not only celebrates USC's 30 years, but also provides exposure for your business. We anticipate attendance of between 100-150 people, and an ad in the journal is a great way to improve your reach in the community.

<input type="radio"/> Back Cover	5.5" width X 8.5" height	\$500.00
<input type="radio"/> 2-Page Spread	5.5" width X 8.5" height	\$500.00
<input type="radio"/> Inside Front Cover	5.5" width X 8.5" height	\$350.00
<input type="radio"/> Inside Back Cover	5.5" width X 8.5" height	\$350.00
<input type="radio"/> Full Page	5.5" width X 8.5" height	\$225.00
<input type="radio"/> Half Page	5.5" width X 4.25" height	\$125.00
<input type="radio"/> Quarter Page/Business Card	3.5" width X 2" height	\$50.00
<input type="radio"/> Well Wisher	Name & Message Only (Not for Businesses)	\$25.00

AD INSTRUCTIONS

- Camera ready ads must be in PDF or JPEG format emailed to unity@unityspiritualcenter.org

- Hard copy business cards and/or simple ad copy must be included with form

AD COPY:

(OVER)

Please complete the information below and return to Unity Spiritual Center, 453 Bellwood Avenue, Asbury, NJ 08802 with payment.

This form may be completed online at <http://tinyurl.com/y468hxsz>.

Questions? Please contact the Unity office at (908) 730-8792 or unity@unityspiritualcenter.org

Name/Company _____

Address _____

Phone _____ Email _____

Payment

Total Amount Enclosed for Celebration Journal Ads: \$_____

Check (Payable to Unity Spiritual Center) - Check # _____

Cash Enclosed Amount \$_____

Credit Card: Visa MasterCard Amex Discover

Credit Card No. _____ Exp. Date _____ Sec. Code _____

Name on Card _____

Billing Address: Street _____ State _____ Zip Code _____