

THE BIG NIGHT OUT:

ADDITIONAL SUPPORT OPPORTUNITIES

IF REFERRING TO A SPECIFIC AWARDEE, PLEASE SPELL THEIR NAME AS FOLLOWS:

OCTOBER 13, 2015

THE KIMMEL CÉNTER, PHILADELPHIA, PENNSYLVANIA

PLEASE COMPLETE BOTH PAGES OF THIS FORM AND RETURN TO MICHELLE MILLER, DIRECTOR, DEVELOPMENT & CORPORATE RELATIONS, AT MMILLER@BBBSSEPA.ORG.

Big Brother of the Century Nominees: Lee Fisher, Tom McElvogue, Doug Tolbert

SUPPORT OPPORTUNITIES

□ ADVERTISEMENT

To receive recognition in the Program Book, financial commitment must be received by September 18, 2015.

CENTENNIAL PROGRAM BOOK ADS & TRIBUTES:

□ \$2,500 INSIDE FRONT COVER

□ \$2,500 INSIDE BACK COVER

To be used for company advertisements or personal tribute messages.

☐ TRIBUTE

Big Sister of the Century Nominees: Angela Soto-Hamilton, Joan Tishgart, Kris Townsend Charles Edwin Fox Memorial Service Award Winner: W. Wilson Good, Sr. D. Min					
astern PA's 100 th Anniversary, I would like to support The Big Night ation is separate from other opportunities, and I will not be receiving eturn for this donation.					
norized company representative.					
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GUIDELINES FOR PROGRAM BOOK ADS & TRIBUTES



SIZES

Full Page: 7.5" (w) x 10" (h)
Half Page: 7.5" (w) x 4.75" (h)
Quarter Page: 3.625" (w) x 4.75" (h)

COMPANY TRIBUTE ADVERTISEMENTS

Program booklet will be printed in full color. Submissions must be at least 300 pixels per inch. Accepted file formats include: .jpg, .eps, .pdf

Please follow the IRS guidelines below to ensure your contribution is tax deductible.

- Do include a tribute message to Big Brothers Big Sisters Southeastern PA, recognizing its 100-year anniversary, its impact in the community, your support of its efforts, etc.
- Do include your company contact information such as website, phone, email, address, etc.

• Full Page: 100 words or less • Half Page: 50 words or less • Quarter Page: 25 words or less

- Do NOT include commercial sales language.
- Do NOT list or promote your company's services.

PERSONAL TRIBUTE MESSAGES

If you do not have artwork, please submit text only. Submitters do not need to select a font size, color or style. Messages will be formatted to match the program booklet's pre-determined theme.

WORD LIMIT

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DEADLINE: To guarantee inclusion in emailed to Nicole Franklin, at nfrank	lin@bbbssepa.org b	y Sep	tember 18	, 2015.			
REPLY FORM:		•••••					•••••
Company/Individual Name:(You will be listed this way	on all recognition materia	als. If y	ou would pre	fer to remain anonym	ous, please indica	te that here.)	
Contact Name:							
Phone Number:	Email:						
Address:							
City, State, ZIP:							
PAYMENT INFORMATION:							
☐ ENCLOSED IS MY CHECK made	payable to Big Bro t	thers	Big Siste	rs SEPA in the ar	nount of		
\$							
☐ CREDIT CARD: Please charge \$	i	_ to	□ Visa	■ MasterCard	☐ Discover	□ AMEX	

___ CVC Code ___

RETURN FORM TO: Big Brothers Big Sisters Southeastern PA Attn: Michelle Miller 123 S. Broad St., Suite 1050 Philadelphia, PA 19109 QUESTIONS? Contact Michelle Miller, Director,
Development & Corporate Relations
484.484.1426 or mmiller@bbbssepa.org

_____ Exp. Date __