

RIDE FOR HEALING ADVERTISING CONTRACT

(Please pay from this contract. If a separate invoice is needed, notify your advertising representative when signing this contract.)



Sold To: _____

Contact: _____

Address: _____

Phone: _____

Fax: _____

ATTACH AD INFORMATION HERE

Black Full Page
\$1,000
7.5" Wide x 10" High

Black Half Page
\$600
7.5" Wide x 4.875" High

Black Quarter Page
\$350
3.625" Wide x 4.875" High

Black Eighth Page
\$200
3.625" Wide x 2.3125" High

Full Color, Inside Front Cover
\$1,200
7.5" Wide x 10" High

Full Color, Inside Back Cover
\$1200
7.5" Wide x 10" High

Ad Cost _____

Authorized by _____

Check # _____

Date _____

(Make checks payable to Ride for Healing)