



**Advertising Contract**  
2010 Gala Program and Auction Catalog

Contact Name \_\_\_\_\_ Business Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Signature: \_\_\_\_\_

- Black/White ads:
- Business card 3 3/4" x 2 1/2" \$150 each
  - Quarter page 3 3/4" x 5" \$250 each
  - Half page 7 1/2" x 5" \$500 each
  - Full page 7 1/2" x 10" \$1,000 each

Special promotion: \_\_\_\_\_  
(Please indicate promotion of interest)

**BILLING AND PAYMENT INFORMATION**

- Check made payable to Methodist Richardson Medical Center Foundation (MRMCF)
- Please bill my credit card
- Please invoice me (credit card guarantee required)

Cardholder's Name \_\_\_\_\_

Billing Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

MasterCard  Visa  American Express  Discover

Card # \_\_\_\_\_ Expiration Date \_\_\_\_\_

Security Code \_\_\_\_\_ Cardholder's Signature \_\_\_\_\_