



GALA AD PROGRAM DONATION FORM

Please email completed form to mvpfoundation56@gmail.com

ALL AD INFORMATION DUE BY JULY 10, 2023.

CONTACT INFORMATION *(Please print or type)*

Donor Name: _____

Contact Name (If donor is a company): _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

E-mail: _____ Website: _____

PROGRAM AD SIZE *(Check one)*

Full page (5.5"W x 8.5"H) black and white ad - \$100

Half page (5.5"W x 4.25"H) black and white ad - \$50

AD DESIGN *(Check one)*

I will send in a black and white PDF or Indesign file already designed

I will send in my logo and need an ad created

Please email over ad designs or logo files (preferably an EPS, AI, or PNG file) to
mvpfoundation56@gmail.com by July 10, 2023.

PAYMENT INFORMATION *(Please print or type)*

Make checks payable to: **The Mark Vincent Pelini Foundation**

Mail to: **PO Box 3414, Boardman, Ohio 44513**

EIN: 92-0584941 | All contributions are tax deductible to extent allowed by law.

PLEASE CHARGE MY CARD

Card Number _____ Name as appears on card _____

Exp. date _____ Security Code _____

Signature _____

Billing Address _____

City, State, Zip _____