



“OLIVER!” PROGRAM AD AGREEMENT

Presented by St. Luke's
United Methodist Church

CONTACT INFORMATION

ORGANIZATION/COMPANY INFORMATION:

Name: _____ Phone Number: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

CONTACT PERSON:

Name: _____ Title: _____

Email: _____ Phone: _____

SELECT YOUR PREFERRED AD SPACE

- AD SIZE:
- | | |
|---|---------------------------------------|
| <input type="radio"/> Back Cover (Color) | <input type="radio"/> Full Page (B&W) |
| <input type="radio"/> Inside Front Cover (Full Page, Color) | <input type="radio"/> 1/2 Page (B&W) |
| <input type="radio"/> Inside Back Cover (Full Page, Color) | <input type="radio"/> 1/4 Page (B&W) |
| <input type="radio"/> Full Page (Color) | |

Total: _____

PAYMENT

SELECT METHOD:

- Check made payable to St. Luke's UMC (Write "Oliver! Program Ad" in memo line).** Check No. _____

Mail to: St. Luke's United Methodist Church ATTN: St. Luke's Theatre, 4851 S. Apopka-Vineland Rd., Orlando, FL 32819

- Credit/Debit Card:** Card No. _____ Exp. _____ / _____

CVV/Security No. _____ Billing Zip _____

Name as it appears on the card: _____ Signature: _____

THANK YOU FOR SUPPORTING THEATER MINISTRIES AT ST. LUKE'S UNITED METHODIST CHURCH

- Full payment is required to secure advertising space.
- Advertiser agrees to supply ad by the program deadline of **July 1, 2022**, in accordance with brand standards as outlined.
- In the case that St. Luke's does not receive the ad by the stated deadline, no refund shall be offered.
- In the case that an ad is found not to be suitable, St. Luke's reserves the right to decline ad placement and issue a full refund.
- Excluding the purchase of an inside cover or back cover, placement of the ad within the program is at the discretion of St. Luke's United Methodist Church.

By signing, I acknowledge that I have read, understand, and agree to the above information and terms and conditions:

Signature: _____

Date _____