



45th Annual Theodore D. Mann Newton Mayor's Community Breakfast

Fri., May 31, 2019: Boston Marriott Newton – Breakfast at 7:00 AM, program starts at 7:30 AM

Ad, Table and Ticket Reservation Form

For additional information, contact: harmonyfoundationnewton@gmail.com

	TOTAL
FULL TABLE & AD (includes program listing)	
<input type="checkbox"/> Prime Benefactor - \$950 (Table and full page ad, inside front or back cover)	\$ _____
<input type="checkbox"/> Benefactor - \$800 (Table and full page ad)	\$ _____
<input type="checkbox"/> Patron - \$550 (Table and half page ad)	\$ _____
<input type="checkbox"/> Sponsor - \$425 (Table and quarter page ad)	\$ _____

AD ONLY

<input type="checkbox"/> Full page - \$400 (5" x 8")	<input type="checkbox"/> Half page - \$250 (5" x 4")	\$ _____
<input type="checkbox"/> Business Card - \$125 (3.5" x 2")	<input type="checkbox"/> 1/4 page - \$150 (2.5" x 4" or 2" x 5")	
<input type="checkbox"/> 1/8 page - \$100 (2.5" x 2")		

INDIVIDUAL TICKETS or TABLES ONLY

Number of tickets _____ @ \$25 each	\$ _____
Number of Tables _____ @ \$250 (10 seats)	\$ _____

For online ticket/table sales, visit www.nnchamber.com/communitybreakfast

CONTRIBUTOR LISTING

Add a supplemental donation to your order; \$25 or more will be listed by category in the Program Book

<input type="checkbox"/> \$25-\$49 <u>Friend</u>	<input type="checkbox"/> \$50-\$99 <u>Sponsor</u>	<input type="checkbox"/> \$100 or more, <u>Patron</u>	\$ _____
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TOTAL PAYMENT:

\$ _____

Please print:

Name: _____

Address: *street* _____

city/state/zip _____

Contact: *e-mail* _____

phone _____

The deadline for receipt of ad copy or contributor listing is **Friday, May 10, 2019**. Send ad copy electronically to harmonyfoundationnewton@gmail.com. Make check payable to **Foundation for Racial Ethnic and Religious Harmony** and mail to **Harmony Foundation, PO Box 620694, Newton Lower Falls, MA 02462**. *Electronic submittal of ads is preferred, but paper copy may be mailed to the PO address.*

Lead Sponsor

