

GALA PROGRAM ADVERTISING OPPORTUNITIES



Show your support for Santa Clara Valley Medical Center



Introduce your product/services to our community



Say thank you to an influential person in your life



An easy way to donate to the VMC Foundation

PLEASE COMPLETE FORM AND SEND TO [JULIE.OTT@HHS.SCCGOV.ORG](mailto:julie.ott@hhs.sccgov.org) OR FAX TO 408.885.5207

Contact Name

Company Name (as you want it listed)

Street Address

City, State, Zip

Phone

Email

PRICING & OPTIONS

Full-Page Ad (7.5 x 10" color) \$750

Half-Page Ad (7.5 x 5" color) \$500

Quarter-Page Ad (3.75 x 5" color) \$250

All advertising art must be submitted by August 30. Please email as a high-resolution (300 dpi) pdf to julie.ott@hhs.sccgov.org.

I pledge all the above information is true and I will pay this amount to the VMC Foundation.

Signature

Date

PAYMENT INFORMATION

Mailing check VISA MC AmEx

Account Number

Exp

Name on Card

Billing Address (if different from above)