

Program Ad Form

Please return this form to:

Donna Colliton, Director of Partnerships & Support Hands On Hartford 55 Bartholomew Avenue Hartford, CT 06106

Questions and email for ad materials: Donna Colliton, dcolliton@handsonhartford.org 860-706-1538

Company Name:		
Contact Name:		
Phone:	Email:	
Program Book A	ds (ads must be received by September 25, 2024)	
☐ \$750 Full Page	e Ad □ \$500 Half Page Ad □ \$250 Quarter Page Ad	
=	ill be printed in black and white. Preferred format is pdf, png or jpg. " tall by 5" wide. Half page size is 4" tall by 5" wide. Quarter page size is 4" tall by 2.5" wide.	
Payment (please check one)		
☐ I have enclosed a check payable to Hands On Hartford ☐ Please send me an invoice ☐ Please charge my credit card		
	Card Type (please circle) Visa Mastercard American Express Discover	
	Card Number	
	Expiration Date Security Code	
	Name on card	
	Billing address	

