



# ADVERTISER/DONOR FORM 2006 – 2007 Mid-Season Discount Ad Rates

As a prospective sponsor of the Gainesville ProMusica Concert Series for the 2006 - 2007 season you are entitled to an ad in the Concert Series Program. Our program enables you to effectively market your product, image, or service while supporting Gainesville ProMusica. The program is updated for each concert so it's never too late to place your ad or for individual supporters to recognize a special occasion or person in our program.

## SELECT AD SIZE:

**QUARTER PAGE** Was \$100 **NOW \$90**

Ad Horizontal 4 1/2" W x 1 3/4" H  
Ad Vertical 2 1/4" W x 3 3/4" H

**HALF PAGE** Was \$200 **NOW \$180**

Dimensions 4 1/2" W x 3 3/4" H

**FULL PAGE** Was \$300 **NOW \$270 \$500\* \$1000\***

Dimensions 4 1/2" W x 7 1/2" H

\* Higher sponsorship levels entitle you to additional benefits

## MID SEASON COPY DEADLINE

**DEADLINE**  
December 29

**APPEARS IN**  
Programs 2 & 3

## ARTWORK SPECIFICATIONS:

I am enclosing an electronic file in one of the following formats: QuarkXpress, Adobe Illustrator, Photoshop, InDesign file or TIFF, EPS, or PDF format ( for Publisher, Corel Draw, or Pagemaker, files must converted to print quality PDF) on Zip or CD. Images should be at 300 DPI at size of output. Ad must be submitted in black and white.

I am sending an electronic file per the specifications above via email to: [ads@gainesvillepromusica.com](mailto:ads@gainesvillepromusica.com)

Run my existing ad from the previous season with **NO CHANGES**.

I wish to honor an individual, organization or special occasion with this donation. The name and address of the person or organization to be notified of my gift is below.

I have included an electronic file for ad space **YES NO (please circle)**

I wish the donor listing in the program to read: \_\_\_\_\_

Notification sent to: \_\_\_\_\_

## PAYMENT INFORMATION

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_ Amount enclosed \$ \_\_\_\_\_

Enclosed is my check payable to Gainesville ProMusica

Charge my credit card: (Circle type) **Visa MasterCard Discover American Express** Expiration: \_\_\_\_\_ / \_\_\_\_\_  
month year

Card #: \_\_\_\_\_ Security Code: \_\_\_\_\_ Signature: \_\_\_\_\_

Return form with payment to:

**Gainesville ProMusica Concert Series, Inc. P. O. Box 2196, Gainesville, Georgia 30503 or FAX to: 770-535-7394.**

Gainesville ProMusica Concert Series, Inc. is a nonprofit 501(C)(3) tax-exempt organization. Keep a copy of this form as your receipt.

For more information **CALL:** 770-535-7342 or **EMAIL:** [info@gainesvillepromusica.com](mailto:info@gainesvillepromusica.com).