



**RI Chapter of St. Jude Children's Research Hospital
Presents the 25th Annual
St. Jude Night of Hope**

Advertisement Contract

October 3, 2015

**Ad must be submitted no later than September 4, 2015*

<input type="checkbox"/> Diamond Sponsor: \$15,000.00 *Cost of four months of lodging for a St. Jude family Includes: Customized sponsorship opportunity	<input type="checkbox"/> Emerald Advertisement: \$500.00 *Cost of a platelet transfusion for a St. Jude patient Includes: Full "emerald page" ad.
<input type="checkbox"/> Event Sponsor: \$10,000.00 *Cost of twenty platelet transfusions for St. Jude patients Includes: Center page ad	<input type="checkbox"/> Sapphire Advertisement: \$250.00 *Cost of a red blood cell transfusion for a St. Jude patient Includes: Full "sapphire page" ad.
<input type="checkbox"/> Platinum Sponsor: \$5,000.00 *Cost of one day in an ICU unit for a St. Jude patient Includes: Full "platinum page" ad	<input type="checkbox"/> Full Page Ad \$100.00 Includes: Full black & white page ad.
<input type="checkbox"/> Ruby Sponsor: \$2,500.00 *Cost of one ultrasound study for two St. Jude patients Includes: Full "ruby page" ad	<input type="checkbox"/> Half Page Ad \$50.00 Includes: Half black & white page ad.
<input type="checkbox"/> Gold Advertisement: \$1,000.00 *Cost of one ultrasound study for a St. Jude patient Includes: Full "gold page" ad	<input type="checkbox"/> Quarter Page Ad \$25.00 Includes: Quarter black & white page ad.

SOLD OUT

I hereby contract for advertising space in the event program book for the Annual Reception for St. Jude Children's Research Hospital:

Company/Name: _____
Company Representative: _____
Address: _____
City, State, Zip Code: _____
Telephone Number: _____
Email Address: _____

Make Checks Payable to: ST. JUDE CHILDREN'S RESEARCH HOSPITAL

Credit Card: American Express Discover Visa MasterCard
Credit Card Number: _____ - _____ - _____ - _____ **Expiration Date:** ____/____
Name on Credit Card: _____

For your security, please do not email completed forms with credit card information.

For additional information contact:
St. Jude Children's Research Hospital
 c/o R.I. Chapter of St. Jude
 181 Putnam Avenue, Johnston, RI 02919
 401-231-7675