

25th ANNIVERSARY FOR THE DEVOS-BLUM YMCA TRIBUTE BOOK FORM



CONTACT INFORMATION

Name: _____

Company Name: _____

Phone Number: _____ E-mail Address: _____

Mailing Address: _____

AD OPTIONS

Description:	Ad Size:	Price:
<input type="checkbox"/> Outside Back Cover Color	7w x 9h	\$1,000
<input type="checkbox"/> Inside Back Cover Color	7w x 9h	\$750
<input type="checkbox"/> Inside Front Cover Color	7w x 9h	\$750
<input type="checkbox"/> Full Page Color	7w x 9h	\$500
<input type="checkbox"/> Half Page Color	7w x 4.25h	\$250
<input type="checkbox"/> Quarter Page Color	3.5w x 4.25h	\$125
<input type="checkbox"/> Donation		\$ _____

Total: \$ _____

DEADLINE: Friday, October 3, 2025

PAYMENT INFORMATION

☐ MASTERCARD/VISA/AMEX

☐ CHECK

Credit Card #: _____

Expiration Date: _____ Security Code: _____

Name on Card: _____

Billing Zip Code: _____

Checks should be made payable to **YMCA of South Palm Beach County** and mailed to the address below. Please add which sponsor type on memo line.

Authorized Signature: _____ Date _____

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