

**BETHEL AME CHURCH**  
**1300 DRUID HILL AVENUE – BALTIMORE, MD 21217**  
**(410) 523-4273/(410) 523-0650 - Fax**  
**MOTHER'S DAY GOSPEL EXPERIENCE**  
**WITH BETHEL AME CHURCH- FEATURING "FANTASIA"**

**FAITH-BASED ADVERTISING TRIBUTE AGREEMENT**

CHECK BELOW	AD SIZE	BUSINESSES	CHURCHES	MINISTRIES/ CHURCH ORGANIZATIONS	FAMILIES/ INDIVIDUALS
<input type="checkbox"/>	<b>2-Page Spread Color</b>	<b>\$ 900</b>	<b>\$ 700</b>	<b>N/A</b>	<b>N/A</b>
<input type="checkbox"/>	<b>2-Page Spread B/W</b>	<b>\$ 700</b>	<b>\$ 500</b>	<b>N/A</b>	<b>N/A</b>
<input type="checkbox"/>	<b>Full Page Color (7 ½ x 10)</b>	<b>\$ 500</b>	<b>\$ 400</b>	<b>\$ 350</b>	<b>\$ 200</b>
<input type="checkbox"/>	<b>Full Page B/W (7 ½ x 10)</b>	<b>\$ 400</b>	<b>\$ 300</b>	<b>\$ 300</b>	<b>\$150</b>
<input type="checkbox"/>	<b>Half Page Color (7 ½ x 4 ½)</b>	<b>\$ 350</b>	<b>\$ 250</b>	<b>\$ 200</b>	<b>\$ 100</b>
<input type="checkbox"/>	<b>Half Page B/W (7 ½ x 4 ½)</b>	<b>\$ 300</b>	<b>\$ 200</b>	<b>\$ 150</b>	<b>\$ 75</b>
<input type="checkbox"/>	<b>Patrons (per name)</b>	<b>\$ 10</b>	<b>\$ 10</b>	<b>\$ 10</b>	<b>\$ 10</b>

**AD REQUIREMENTS & ADD'L CHARGES:**

**Mechanical Requirements:**

Please provide camera ready tributes via email in care of: *Mother's Day Gospel Experience with Fantasia*: [carmellita.green@ebsbalt.com](mailto:carmellita.green@ebsbalt.com) no later than **April 23, 2008**. You may also submit a disc or hard copy by mail (a disc will ensure the best quality printing).

- Camera Ready Requirements:** 300 dpi, .bmp, .JPG, .TIF, .GIF, PDF
- Ad Add'l Charges: Non-camera Ready Tributes:** (add an additional \$50 for full page & \$25 for half page ads.)  
Add'l Charges: \$ \_\_\_\_\_.

Bethel A.M.E. Church cannot assume responsibility for ads not conforming to specified mechanical requirements and reserves the right to make adjustments to ads. All ad materials submitted become the property of Bethel A.M.E. Church.

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**Yes, I/We agree to the above elected tribute for: *Mother's Day Gospel Experience with Fantasia Program Magazine.***

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Total: \$ \_\_\_\_\_.

Name of Individual/Company/Church/Organization: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Title: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone Number: ( ) \_\_\_\_\_ Ext. \_\_\_\_\_ Cell Number: ( ) \_\_\_\_\_

Fax Number: ( ) \_\_\_\_\_ Email Address: \_\_\_\_\_

Credit Card #: \_\_\_\_\_ Exp. \_\_\_\_\_

**Make all Checks Payable to:** Bethel A.M.E. Church

**Return Form To:** Bethel A.M.E. Church • c/o Mother's Day Magazine Committee  
P.O. Box 1772 • Baltimore, MD 21203  
Office: (410) 523-4273 • Fax: (410) 523-0650 • [www.bethel1.org](http://www.bethel1.org)