



Jewish Federation of the Lehigh Valley

HAKOL AD ORDER CONTRACT

702 N. 22nd Street, Allentown, PA 18104

610-821-5500 x 323 | 610-515-1391
hakolads@jflv.org | fax: 1-866-493-5889

Contract Date _____

HAKOL Advertiser PO # _____

HAKOL Ad Representative: Diane McKee

ADVERTISER CONTACT AND PAYMENT INFORMATION

Advertiser Business Name: _____

Contact: _____

Phone: _____ Fax: _____ E-mail: _____

Advertiser/Company Responsible for PAYMENT: _____

Provide Company NAME if Different from Advertiser Name

Address: _____

Provide address of company responsible for payment

Advertiser Payment Contact: _____

Phone: _____ Fax: _____ E-mail: _____

SELECT AD SIZE(S): [BASE (SINGLE INSERTION) RATE(S) AS INDICATED]

[\$998] Full Page 10"w x 16"h _____	[\$552] Half Page 10"w x 8"h _____	[\$320] Quarter Page 10"w x 4"h 8"w x 5"h 6"w x 6.625"h 4"w x 10"h _____	[\$198] Eighth Page 8"w x 2.5"h 6"w x 3.125"h 4"w x 5"h _____	[\$130] Small Square 4"w x 4"h _____	[\$130] Small Vertical 2"w x 8"h _____	Issue Sponsor /Other _____	Check Color Upcharge Full Page <input type="checkbox"/> \$200 Half Page <input type="checkbox"/> \$100 Quarter Page <input type="checkbox"/> \$50 Eighth Page <input type="checkbox"/> \$25 or Smaller PREMIUM PLACEMENT (Includes Color) Full Page <input type="checkbox"/> \$300 & up Half Page <input type="checkbox"/> \$225 Subject to Availability
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Indicate Month(s) Jan 21 _____ Feb 21 _____ Mar 21 _____ Apr 21 _____ May 21 _____ Jun 21 _____ Summer 21 _____

Sep 21 _____ Oct 21 _____ Nov 21 _____ Dec 21 _____ Jan 22 _____ Feb 22 _____ Mar 22 _____ Apr 22 _____ May 22 _____

Notes:

Your Frequency Discount Rate(s) \$ _____ x _____ Total # of Insertions = \$ _____

Ad rate is based and due according to the number of ads.

Add Color Upcharge (See Chart) \$ _____ x _____ # of Color Ads = \$ _____

AD ORDER Total \$ _____

Payments: Paid in full First ad pre-paid Bill monthly / Pre-Payment Expected and Due as Invoiced

Check(s) Payable to: **JFLV (Jewish Federation of the Lehigh Valley)** \$ _____ Check # _____ Date _____

Credit Card - Attach Authorization Form

▶▶ ACTION DATES & COPY INFORMATION: Email Ad Copy to: hakolads@jflv.org

Space Reserved by: **1st of the month** prior to month of publication (Except Summer Issue by 6/21)

Is ad print ready & sized correctly? YES NO: If "NO" *Immediately* email logo, artwork, text

AD PROOF provided for non-print ready ads. E-mail: _____

If different from above

Submit ad modifications by **1st of month PRIOR** to publication. Note: \$25/edit fee applies for 2+ **complete** ad re-designs.

No Coupons Accepted in Ad Copy

PRINT READY COPY DUE by: 5th of the month prior to month of publication. (Except Summer Issue by 6/26)

Authorized by (SIGN HERE): _____ Title: _____

Advertiser OR Company Name: _____ Date: _____

Advertiser/Company Responsible for Payment
CONTRACT NON-CANCELLABLE BY ADVERTISER

Please RETURN completed SIGNED contract to hakolads@jflv.org or fax to 1-866-493-5889
or mail to HAKOL • Jewish Federation of the Lehigh Valley • 702 N. 22nd Street • Allentown, PA 18104