



Jewish Federation  
of the Lehigh Valley

# HAKOL AD ORDER CONTRACT

702 N. 22<sup>nd</sup> 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]

<b>[\$998]</b> Full Page 10"w x 16"h _____	<b>[\$552]</b> Half Page 10"w x 8"h _____	<b>[\$320]</b> Quarter Page 10"w x 4"h 8"w x 5"h 6"w x 6.625"h 4"w x 10"h _____	<b>[\$198]</b> Eighth Page 8"w x 2.5"h 6"w x 3.125"h 4"w x 5"h _____	<b>[\$130]</b> Small Square 4"w x 4"h _____	<b>[\$130]</b> Small Vertical 2"w x 8"h _____	<b>Special Issue/Other</b> _____	<u>Check Color Upcharge</u> Full Page _____ \$200 Half Page _____ \$100 Quarter Page _____ \$50 Eighth Page _____ \$25 or Smaller  <u>PREMIUM PLACEMENT</u> Full Page _____ \$300 Half Page _____ \$225 Subject to Availability
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Indicate Month(s) Sep 17\_\_\_\_ Oct 17\_\_\_\_ Nov 17\_\_\_\_ Dec 17\_\_\_\_ Jan 18\_\_\_\_ Feb 18\_\_\_\_ Mar 18\_\_\_\_ Apr 18\_\_\_\_

May 18\_\_\_\_ Jun 18\_\_\_\_ Summer 18\_\_\_\_ Sep 18\_\_\_\_ Oct 18\_\_\_\_ Nov 18\_\_\_\_ Dec 18\_\_\_\_ Jan 19\_\_\_\_ Feb 19\_\_\_\_

### 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](mailto: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 1<sup>st</sup> 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](mailto: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