



**Temple Beth El Israel**

551 SW Bethany Drive  
Port St. Lucie, Florida 34986  
(772) 336-2424 Fax (772) 336-7133  
www.templebethelisrael.org



**Calendar Order Form**

Organization/ Business Name: \_\_\_\_\_ Date \_\_\_\_\_

Contact Person: \_\_\_\_\_

\*Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Email \_\_\_\_\_

\*Please use your billing address when charging to your credit card

**CREDIT CARD INFORMATION**

MasterCard \_\_\_\_\_ Visa \_\_\_\_\_ Credit Card # \_\_\_\_\_

Name as it appears on card: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

CVV# (3-4 digit numbers on back of card:) \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

I wish my ad to appear **Once**  **Quarterly**  **Monthly**

Preference for specific month(s) [circle month(s) requested]

Jan Feb Mar April May June July Aug Sep Oct Nov Dec

I am interested in advertising in the calendar by purchasing the following ad size:

**ADVERTISING PRICES**

	<b><u>Once</u></b>	<b><u>Quarterly</u></b>		<b><u>Monthly</u></b>	
Half Page	\$500	\$1500	\$1000**	\$6000	\$4000**
Business Card	\$118	\$ 354-	\$ 236**	\$1416	\$ 944**

\*\* The above discounted prices are in effect until **August 1, 2016**

Email ad copy as a JPEG file to: [tbeioffice@bellsouth.net](mailto:tbeioffice@bellsouth.net).

**Checks and ads must be received by August 10, 2016.**

Please make check payable to *TBEI* and include "*TBEI Calendar*" on the memo line.

If you have any questions, please contact Calendar Chairman at **(772)336-2424**.

For Office Use Only	
Date Received	_____
Amount Received	_____
Check Number	_____