



**AFRICAN-AMERICAN/CARIBBEAN EDUCATION ASSOCIATION, INC.  
(ACEA INC)**

**“Working to better the education of our children”**

**501 (c) 3 – MEMBER: Non-Profit Coordinating Committee of New York**

*Chartered by the New York State Education Department*

**JOURNAL SOUVENIR CONTRACT**

TO: Family Members, Businesses and Entrepreneurs:

The following information will provide you with the “donation” price list for our Journal Souvenir. **Proceeds are tax deductible to the extent allowed by Law.** We welcome you to express a congratulatory message or promote your business. Your donation to purchase an ad will help the fundraising activities of the ACEA INC Scholarship Program.

**Tenth Annual Scholarship and Lifetime Achievement Awards**

**FUNDRAISER: To Raise Funds in support of the ACEA INC Scholarship Program.**

*The Inn at New Hyde Park*

*214 Jericho Turnpike*

*New Hyde Park, NY 11040*

**Thursday, August 3, 2017—6:45 PM-11:00 PM**

**\*Payment Plan Available—Contact Office for Details**

Color Page	\$195	Gold Page	\$200 contrast black ink only
Full Page (B&W)	\$125	Inside Front Cover	\$210 B&W \$245 Color
Half Page (B&W)	\$ 75	Inside Back Cover	\$215 B&W \$250 Color <b>SOLD</b>
Quarter Page (B&W)	\$ 45	Outside Back Cover	\$230 contrast black ink only <b>SOLD</b>
Photograph Imposed	\$ 20	(Done in Gold)	

\*Special designs/requests require additional Printer time and will increase the cost of any of the above.

**DEADLINE: Saturday, July 1, 2017**

Create your ad to accommodate the space you are ordering. **Full page 8”x10”, half page 8”x5”, quarter page 4” x 5”.** You may attach a camera ready copy or enter your message in the space below. You can e-mail your ad to [aaceainc@yahoo.com](mailto:aaceainc@yahoo.com) or send mail and remittance to: Attn: Journal, PO Box 1224, Valley Stream, NY 11582-1224.

All ads must be paid in full before they are submitted to Printer. **Make checks payable to: ACEA INC.**

\*Payment for ads can also be processed at our website, [www.aaceainc.com](http://www.aaceainc.com) at the Forms Page. Contact us if you wish to use this method. For information call 718-949-6733. (Make a copy for your records)

**Submit Form as Directed Above**

I wish to place a (ad type) \_\_\_\_\_ ad as designated in price list. Amt \$ \_\_\_\_\_ Photo add \$20

Total cost: \$ \_\_\_\_\_ Sold by \_\_\_\_\_ Date \_\_\_\_\_

Name & Organization \_\_\_\_\_ Tel \_\_\_\_\_ Cell \_\_\_\_\_

Address \_\_\_\_\_ zip code \_\_\_\_\_

Signature \_\_\_\_\_