



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

“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 AACEAINC' Scholarship Program.

*Eleventh Annual Scholarship and Lifetime Achievement Awards
FUNDRAISER: To Raise Funds in support of the AACEAINC Scholarship Program.*

The Inn at New Hyde Park

214 Jericho Turnpike

New Hyde Park, NY 11040

Thursday, August 2, 2018—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
Quarter Page (B&W)	\$ 45	Outside Back Cover	\$230 contrast black ink only
Photograph Imposed	\$ 20		on cover done in Gold

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

DEADLINE: Saturday, June 30, 2018

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 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: AACEAINC.**

*Payment for ads can also be processed at our website, 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 _____