



CONGREGATION TORAH OHR

Monthly Bulletin

Display Ad Blank

FOR VENDORS ONLY

3 issues

6 issues

12 issues

1/4 page
\$75

1/4 page
\$100

1/4 page
\$150

1/2 page
\$150

1/2 page
\$250

1/2 page
\$300

Full page
\$225

Full page
\$400

Full page
\$600

Category: _____

VENDOR Ad Copy

I've attached a business card or copy for the vendor ad.

Name(s): _____

Address: _____

City: _____

State: _____

Zip: _____

Email: _____

Phone: _____

AMOUNT ENCLOSED:

\$

Vendor Check #: _____

Email: vickyrfish@gmail.com

Office: 19146 Lyons Road

Phone: 561.479.4049

For use by Synagogue member only:

Solicited by: _____ Date: _____

Entered by: _____ Date: _____

Checked by: _____ Date: _____