

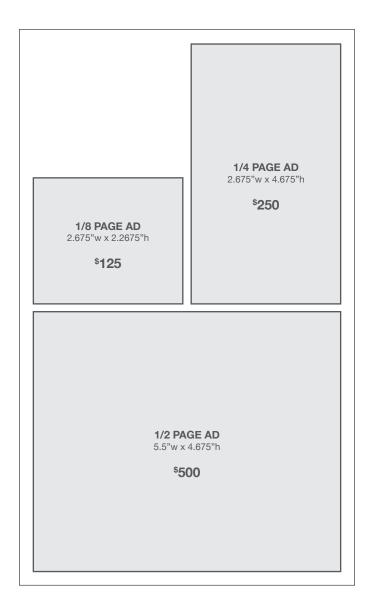


SUN OCTOBER 28, 2018 | 5PM
THE ROCK FAMILY WORSHIP CENTER

Name of Congregation, Organization, Business:	
Your Name:	Phone:
Address:	City:
State/Zip:	Email:
OUR CONGREGATION/ORGANIZATION WILL P ☐ Publicizing the event to my organization, business, ☐ Please email me an electronic copy of the flyer. ☐ Supporting the event at* ☐ \$200 ☐ \$500 (This can be through a missions budget or by taking *A quarter, half or full page ad is included with your	or congregation. \$1000 Other g up an offering.)
OUR BUSINESS WILL PARTICIPATE IN THE FOLI Taking an ad in the event program: Bronze Level (\$125 Eighth Page) Silver Level (\$250 Quarter Page) Here is the contact info for my ad/art design Name:	☐ Gold Level (\$500 Half Page) ☐ Platinum Level (\$750 Full Page) er:
Phone:	
	_ Email:
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	resolution.) tt to you. *
Please create an ad for me. I will provide text PAYMENT INFORMATION Please send me a pledge notification. Enclosed is my check in the amount of \$ Please bill my credit card in the amount of \$	resolution.) tt to you. *
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Please create an ad for me. I will provide text PAYMENT INFORMATION Please send me a pledge notification. Enclosed is my check in the amount of \$ Please bill my credit card in the amount of \$ VISA MasterCard AMEX	resolution.) to you. * Discover Exp: / Security Code:

*Checks should be made out to "Eagles' Wings" with "Celebrate Israel!" in the memo. EAGLES' WINGS, P.O. BOX 450, CLARENCE, NY 14031, ATTN: DENA DEPASQUALE | (716) 759-1058

ALABAMA CELEBRATES ISRAEL PROGRAM BOOK ADVERTISING SPECS





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