

## **Chabad Lubavitch Jewish Community Center**

1079 W. Granada Blvd. Ormond Beach, FL 32174

Tel: 672-9300 Fax: 672-9303

Are you a new cu	stomer?		
○Yes	$\bigcirc$ No		
FOR AD: ON TOP AND IN CALENDAR MONTHS Please select all that apply.			
Full (month) Pa	age (6" x 2"") \$520.00		
1/2 (month) Pa	ge (3"x2") \$300.00		
O Date Box (2"x	2") \$100.00		
○ "Happy Birthd	ay" or "Happy Annive	rsary" Date Box \$36.00	

## FOR AD: IN FRONT TWO PAGES OF CALENDAR

Please select all that apply.

- Full Page (9 1/2" x 13") \$1250.00
- 1/2 Page (9 1/2 x 6 1/2) or (4 3/4" x 13") \$650.00
- 1/4 Page (6 1/2" x 4 3/4") \$380.00
- O Business Card (3 1/4" x 2 1/4") \$95.00



## **AD DESCRIPTION**

Ad information must be placed here. (if you are submitting a birthday or anniversary date, please provide the HEE you are ordering a business card ad, please send a picture of the business card with your order form or email it to seritha@esformeshebrewacademy.org or include a business card with your mailed payment.	BREW date only) If
sentifia@esformeshebrewacademy.org of include a business card with your mailed payment.	
PAYMENT TYPE	
All payments must be received for order to be completed. If paying by check please pay to the order of Chabad at and mail to 1079 W. Granada Blvd., Ormond Beach, FL 32174	Greater Daytona
○ Check	
Bill Me	
Credit Card (3% service fee) Please enter card type, number, and expiration date in comment fie of this form.	eld at the bottom
Your Name:	
Mailing Address:	
Email Address:	
Preferred Contact Method: OPhone Email Questions and Comments:	