



Order Form

Advertisement in Commemorative Booklet

Ad Dimensions & Message

- | | |
|---|---|
| <input type="radio"/> \$1,000 Full page 7.25" x 9.75" | <input type="radio"/> \$250 Business card |
| <input type="radio"/> \$500 Half page 7.25" x 4.875" | <input type="radio"/> \$100 Name listing |

Name to be listed (if applicable) _____

Personal message (if applicable) maximum 100 characters

For supplied artwork, please submit high resolution electronic file (JPEG, TIFF or EPS) by email to: jnewey@wipcr.ca
Artwork must be submitted latest August 1, 2019

Advertiser Information

Company Name (if applicable): _____

Contact Person: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Phone: _____ Email: _____

Payment Methods

- 1) Online **PalliativeCareResidence.com**
- 2) Cheque payable to **West Island Palliative Care Residence**
- 3) Credit card VISA MasterCard

Card # _____ Expiry date: _____

Name on card: _____

For more information, please contact Jessica Newey, 514 693-1718, ext 227, jnewey@wipcr.ca
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