

# CASINO NIGHT CHARITY FUNDRAISER

To benefit Autism New Jersey

AUGUST 13TH, 2010 • FLORHAM PARK ,NJ

## AD JOURNAL

### WE NEED YOUR SUPPORT

- Your support of Autism New Jersey is critical in these difficult economic times. Our Casino Night Charity Fundraiser is a fun-filled evening that provides important funding for our advocacy and outreach efforts. Please consider taking out a special ad to celebrate your loved ones or a special teacher or therapist.
- Your journal ad is 100% tax deductible. See reverse side for options.

**For Timmy —**

**We are so proud of you  
and your accomplishments.**

**You make a splash in whatever you do!**



**We Love You!**

**Mom and Dad**

**Thank you Mrs. Seaver  
for all that you do.**



**With appreciation,  
Benjamin Stern and family**

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### SHOW YOUR SUPPORT FOR A LOVED ONE

To purchase casino night tickets (\$125 per person) or learn about other participation opportunities, contact Brynn Alberici at 1.800.4.AUTISM x21

#### JOURNAL ADVERTISING:

Show your support via a commemorative advertisement in our keepsake program.

- |  |              |
|--|--------------|
| <input type="checkbox"/> <b>Front Inside Cover</b> (5"W x 8"H):            | <b>\$500</b> |
| <input type="checkbox"/> <b>Back Inside Cover</b> (5"W x 8"H):             | <b>\$500</b> |
| <input type="checkbox"/> <b>Full-page</b> (5"W x 8"H):                     | <b>\$300</b> |
| <input type="checkbox"/> <b>Half-page</b> (5"W x 4"H):                     | <b>\$200</b> |
| <input type="checkbox"/> <b>Quarter-page</b> (vertical business card size) | <b>\$100</b> |

**Deadline:** Please complete and return this form by **July 20, 2010** to:

Autism New Jersey  
P.O. Box 55120  
Trenton, NJ 08638

**Advertising Information:** Artwork must be submitted in exact dimensions. Please supply camera-ready art. Hi-res PDF or JPEG files preferred. Send to: balberici@autismnj.org

**Questions:** Contact 1.800.4.AUTISM x21 or email: balberici@autismnj.org

#### PAYMENT

Subtotal Advertising: \$ \_\_\_\_\_

Please accept my donation in the amount of:  
\$ \_\_\_\_\_

**TOTAL ENCLOSED:** \$ \_\_\_\_\_

*Make checks payable to "Autism New Jersey."*

Contact Person

Title

Company Name

Street Address

City

State

Zip

Telephone

E-mail