



THE FLOATING HOSPITAL



PROGRAM AD FORM

Please select your ad size

<input type="radio"/> INSIDE FRONT COVER:	Will provide dental exams and cleanings for eight individuals	\$1,000
<input type="radio"/> INSIDE BACK COVER:	Will provide physicals and vaccines for three adults entering the workforce	\$900
<input type="radio"/> FULL-PAGE:	Will provide physicals and immunizations for five kids	\$750
<input type="radio"/> HALF-PAGE:	Will provide dental exams and cleanings for a family of four	\$500
<input type="radio"/> QUARTER-PAGE:	Will provide a medical & dental visit for one child	\$350

Ads are due no later than May 4, 2020 to be included in the soirée program

Method of payment

Enclosed is my check (*Make payable to The Floating Hospital Foundation*)

Invoice me

Charge my credit card

Amex Visa Mastercard Discover

Credit card number _____

Expiration date _____

Name/Company _____

Billing address _____

City _____ State _____ Zip _____

Email _____ Phone _____

Please send this form to:

The Floating Hospital Summer Soirée, P.O. Box 3391, New York, NY 10163-3391, ATTN: Ann-Louise Lipman or email to: alipman@thefloatinghospital.org

For more information: Ann-Louise Lipman at alipman@thefloatinghospital.org or 917-742-9820