



THE SISTER ROSE THERING FUND FOR
EDUCATION IN JEWISH-CHRISTIAN STUDIES

SETON HALL UNIVERSITY

EVENING OF ROSES

24TH ANNIVERSARY COMMEMORATIVE JOURNAL

MAY 7, 2017

Name: _____

Company/Organization: _____

Address: _____

Phone (preferred number): _____ Email (required): _____

AD LEVELS AND BENEFIT TICKETS

☐ Back cover\$10,000
(Includes 10 tickets)

☐ Inside front cover \$7,500
(Includes 10 tickets)

☐ Inside back cover..... \$7,500
(Includes 10 tickets)

☐ Gold page \$5,000
(Includes 8 tickets)

☐ Silver page..... \$2,500
(Includes 6 tickets)

☐ Full white page \$1,000
(Includes 4 tickets)

☐ Half white page \$600
(Includes 4 tickets)

☐ Quarter white page..... \$360
(Includes 2 tickets)

The following ads do not include tickets.

☐ Business card size ad \$180
(2" x 3.5" approximately)

☐ In honor/memory \$100
(Maximum 75 characters)

☐ Listing\$50
(Maximum 60 characters)

TICKETS

☐ Single ticket \$75
(General seating)

☐ Student ticket..... \$25
(With valid ID)

I would like _____ tickets @ \$75 = _____

I would like _____ tickets @ \$25 = _____

**Deadline for
submitting copy and
art is April 3.**

Additional information and
journal forms are available by calling
973-761-9006 or srtf@shu.edu.

AD REQUIREMENTS

- ◆ Camera-ready copy or electronic files accepted. Artwork must be supplied if logo requires exact reproduction.
- ◆ If you do not supply artwork, copy will be typeset
- ◆ Prints black.
- ◆ We cannot print from colored artwork.
- ◆ Art must be mailed flat. Do not fold, staple or tape.
- ◆ Attach copy on separate sheet, enclose camera ready copy or send by email to srtf@shu.edu.
- ◆ For technical questions or help with your ad please contact Linda Malanga studio6visual@comcast.net.

PAYMENT INFORMATION

Your contribution is a charitable donation and is tax deductible to the fullest extent of the law.

- ☐ I am enclosing a check in the amount of \$_____ made payable to:
- ☐ Please charge my credit card:
☐ Visa ☐ MasterCard ☐ American Express ☐ Discover

The Sister Rose Thering Fund/SHU
Seton Hall University
400 South Orange Avenue
South Orange, NJ 07079

Name on card: _____

Account number: _____

Exp. Date: _____

Signature: _____

- ☐ I have made a secure credit card donation in the amount of \$_____ on the website at www.shu.edu/go/sisterrose. Date: _____

NOTE: YOU CAN ALSO DONATE BY EMAIL AT srtf@shu.edu

For business card size ad, write your message below :

For in honor or in memory messages (maximum 75 characters) write your message below:

For personal listing messages (maximum 60 characters) write your message below:

For more details about the 2017 Evening of Roses, please visit our website:
www.shu.edu/go/sisterrose.