



PROGRAM SUPPORTER FORM

We are creating a **CURE***ageous* program book that offers you an opportunity to remember a loved one, support a cancer survivor, thank a caregiver or show appreciation to your healthcare provider and/or team. The program book has various levels of participation. We hope one of them is right for you.

\$25 Lion-Hearted Listing – 1 line of text up to 35 characters

\$50 Valiant Listing – 1 (Bold) line of text up to 35 characters

\$100 Fearless Superstar Listing – 1 text box (1.5 x 3), up to 50 words or 250 characters

\$250 1/4 Page Space – 1 black and white 3.5 x 4.75 ad

\$350 1/2 Page Space – 1 black and white 7.5 x 4.75 ad

\$500 Full Page Space – 1 black and white 7.5 x 11 ad

Supporter Name _____

Address _____

City _____ State _____ Zip _____

For more information on purchasing an ad please contact **243-3320**
or visit www.illinoiscancer.com/cure/program



8940 N. WOOD SAGE ROAD PEORIA, IL 61615
Phone: 309.243.3320 Fax: 309.243.3265

