

**Alpha Kappa Alpha Sorority, Incorporated®
Rho Chi Omega Chapter**

Angel Pageant Advertisement Form

Angel's Name _____

Name of Sponsor/Organization: _____

_____ I am a member of Alpha Kappa Alpha Sorority, Incorporated®

_____ I am **NOT** a member of Alpha Kappa Alpha Sorority, Incorporated®

Address: _____

Email Address: _____ Telephone Number: _____

Indicate type of advertisement:

Full Page _____
(\$125.00 with photo)

Half (1/2) Page Digital Ad _____
(\$50.00) (Camera-ready, landscape, .jpg format, 300 dpi)

Half (1/2) Page _____
(\$70.00 with one photo)

Quarter (1/4) Page _____
(\$45.00– no photo)

Half (1/2) Page _____
(\$65.00 without photo)

Well Wishers _____
(\$25.00) (One line)
(Example: "God bless, Love Grandmother Pearl")

Ad Inscription: (PLEASE print or type)

(Please **tape** business card or business/organization logo to form. **Do not staple.**)

Check Method of Payment: Cash _____ Check _____ Online _____
(Make check payable to Rho Chi Omega)

You may email the ad to cheryljohnson05@comcast.net by the deadline.

Online submission and payment at www.aka-rco.org/angel-pageant plus processing fees.

You may mail payment to Rho Chi Omega Chapter Angel Pageant
P.O. Box 611 ♦ Madison, AL 35758

**THE DEADLINE FOR SUBMITTING ADVERTISEMENT AND PAYMENT IS MAY 9, 2024
(One ad request per form)**

Make a copy of this form to save as your receipt.

FOR SORORITY USE ONLY

Amount Paid: \$ _____ Date: _____ Submitted to: _____

Cash/Check# _____ Receipt#: _____

(Form may be duplicated.)