



**URSULINE
ACADEMY**
of Dallas

**CORPORATE
SPONSORSHIP
CONTRACT**

Ursuline Academy of Dallas
4900 Walnut Hill Lane
Dallas, TX 75367
P.O. Box 671267
Dallas, TX 75367
(P) 469.232.3964 / (F) 469.232.3970
www.uamardigras.org
mardigras@ursulinedallas.org

Name of Sponsor (as it should appear in recognition and publicity)		Contact		Phone	
Street Address		City	State	Zip	
Website		Email			Date

Sponsorship	Amount
Please provide your Logo electronically to: mardigras@ursulinedallas.org OR	
<input type="checkbox"/> I wish to decline advertising recognition in Mardi Gras program.	

SPECIFICATIONS FOR ARTWORK:	SIZE: Full Page (7" x 10.25")
<input type="checkbox"/> Adobe PDF file sent via email to mardigras@ursulinedallas.org . <input type="checkbox"/> Adobe PDF file provided on CD and sent to: Ursuline Mardi Gras Office, P.O. Box 671267, Dallas, TX 75367. <input type="checkbox"/> Mardi Gras Program Committee to prepare ad with provided digital images & copy. Please place items along with layout instructions into an envelope, attach to this contract, and send to: Ursuline Mardi Gras Office, P.O. Box 671267, Dallas, TX 75367.	We CANNOT accept the following files: ♦ Publisher ♦ Quark ♦ Power Point ♦ Excel ♦ Pagemaker ♦ GIF or BMP
We accept the following digital formats: ♦ Press-Optimized PDF, 300 dpi or higher (preferred) ♦ Photoshop TIF, EPS, or JPEG (300 dpi or higher) ♦ Illustrator native or EPS (version 10 or lower) ♦ Microsoft Word (for text only, no embedded images)	Ads are black & white (grayscale) or CMYK only. RGB files intended for either will be converted to the required target. Please submit artwork publication-ready, formatted to final size without need for modification or resolution enhancement. For reflective art to be scanned, submit 300 dpi or higher laser print, velox or stat.
All fonts must be converted to paths or outlines.	Payment and ad materials must be received by January 15 to be included in program.

PAYMENT METHOD:
<input type="checkbox"/> CHECK: Payable to "Ursuline Academy of Dallas." Please remit with contract. Check _____ Amount \$ _____
<input type="checkbox"/> CHARGE: Please bill: <input type="checkbox"/> VISA <input type="checkbox"/> AMEX <input type="checkbox"/> Mastercard <input type="checkbox"/> Discover Amount \$ _____
Account Number: _____ Exp Date (mm/yy): _____
Name as it appears on card: _____
Billing Address: _____
Signature of Cardholder: _____ Date: _____

Ursuline Academy – IRS 501(c)3 Organization Taxpayer ID Number 75-2732215
Return this contract to: Ursuline Mardi Gras, PO Box 671267, Dallas, TX 75367
Payment and contract must be received by **January 15** to be included in the program.