

THE CHRONICLE OF PHILANTHROPY

Directory of Services Insertion Order

Type of ad		Contract term	Renewal
Basic listing <input type="checkbox"/>	with additional lines <i>(additional charges apply)</i> <input type="checkbox"/> one line <input type="checkbox"/> two lines <input type="checkbox"/> three lines <input type="checkbox"/> four lines	Boxed ad <input type="checkbox"/> One inch <input type="checkbox"/> Two inch <input type="checkbox"/> Three inch	<input type="checkbox"/> One year (18 issues) <input type="checkbox"/> Six months (9 issues) <input type="checkbox"/> No changes/Pick up <input type="checkbox"/> See changes below

Please print

Place my ad under the following category: _____
(Please see accompanying sheet for list of categories)

Please complete basic listing information.

Basic listing includes company's name, address, phone, and fax number only.

Company name: _____

Address: _____
(Maximum 38 characters including spaces and punctuation)

City, State, ZIP: _____

Phone: _____ Fax: _____

Additional lines: *(Copy for extra lines is limited to a maximum of 48 characters per line including spaces and punctuation. No abbreviations.)*

Contact information (not for publication):

Contact name: _____ Phone: _____

To place a boxed ad:

- Provide the above information.
- Boxed ads must be typeset by *The Chronicle* (at no additional charge) or submitted electronically in QuarkXpress for the Macintosh or Acrobat PDF format.
- If sending the ad electronically, please include all of the linked images and fonts (Postscript Type 1 only) and fax a copy of the ad to the number below. **Column width is 1 7/8".**
- If you would like *The Chronicle* to typeset your ad, attach your ad copy on a separate piece of paper or provide us with an electronic copy (in Word or txt format) and an electronic copy of your artwork or logo (in tiff or eps format). Resolution must be 200 dpi for halftones and at least 600 dpi for line art. We cannot accept faxed copies of artwork or logos.
- Send electronic files to display@philanthropy.com or to the mailing address at the bottom of this form.

Payment information *(all orders must be prepaid):*

Check enclosed Amount: \$ _____

Please charge to my MasterCard Visa American Express

Card no.: _____ Amount: \$ _____ Exp. date: _____

Full name on card: _____ Card verification no.: _____

Signature: _____

Mail or fax this insertion order, along with your ad copy and payment, to:

Corporate Client Group • **The Chronicle of Philanthropy** • 1255 Twenty-Third Street, N.W. • Washington, D.C. 20037
 Telephone: (202) 466-1212 • Fax: (202) 659-2236