

PROGRAM AD FORM

A RECAST, MISCAST, NOT-TO-BE-MISSED CAST

CABARET

MONDAY, JUNE 9, 2025

Submit by: May 9 for inclusion in the event program.

CONTACT NAME _____

COMPANY _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

TELEPHONE _____ FAX _____

EMAIL _____

PAYMENT INFORMATION

Enclosed is a check made payable to Arden Theatre Company in the amount of

\$ _____

Please charge my (circle one)

Visa Mastercard American Express Discover

Amount \$ _____

NAME ON CARD _____

CARD NO. _____ EXP. DATE _____ CVV _____

SIGNATURE _____

Please invoice us in the amount of \$ _____

FULL PAGE AD (6.5" x 9.5") | \$500

1/2 PAGE AD (6" x 4.5") | \$250

1/4 PAGE AD (2.5" x 4") | \$125

My ad is in tribute of:

All ad designs should have a 1/8 in bleed and should be delivered in PDF format.

PLEASE MAIL OR EMAIL THIS FORM TO:

Arden Theatre Company
Attn: Development
40 N. 2nd Street | Philadelphia, PA 19106
rsvp@ardentheatre.org

Visit ardentheatre.org/cabaret for more event information.

Arden Theatre Company is a 501(c)(3) nonprofit organization, tax ID #23-2521993.

Your gift is very much appreciated and tax-deductible to the extent allowed by law. A copy of the official registration and financial information of Arden Theatre Company may be obtained from the Pennsylvania Department of State by calling toll-free, within Pennsylvania, 1-800-732-0999. Registration does not imply endorsement.

Arden
THEATRE CO