

PROGRAM AD FORM

Seasons
of Love

MONDAY, JUNE 1, 2026

Submit by: May 15 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"w x 9"h) | \$500

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

1/4 PAGE AD (3"w x 4.5"h) | \$125

My ad is in tribute of:

*Full page designs should have an 1/8 in bleed.
All designs 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