

# MCH news you need

## Section Sponsorship



- Premium placement: In line with news articles
- Four spots available per issue (MCH, Preterm Birth, Neonatology, Birth Defects). Position is first come, first serve.
- Attention-getting image: 75 pixels X 75 pixels high, high res@300 dpi or higher. PNG, JPG or PDF.

March of Dimes MCH News You Need Section Sponsor	Quarterly (6)	1/2 Year (12)	Annually (26)
Per Issue Fee	\$500	\$400	\$300

6-issue minimum applies to all advertising

Number of Insertions \_\_\_\_\_ X (rate) \$ \_\_\_\_\_ Total Fee \$ \_\_\_\_\_

**Months:**

**Hyperlink:**

Company

Company

Contact Name

Contact Name

Address

Address

City/State/Zip

City/State/Zip

Phone

Phone

Mobile

Mobile

Email

Email

Website

Website

**Advertiser Information**

**Billing Information (if different from adv)**

We agree to the above advertising schedule and rates. This contract is authorized by:

Advertisers Signature: \_\_\_\_\_

March of Dimes: \_\_\_\_\_

# MCH news you need

## Banner Advertising



- Only one sponsorship spot available per issue
- Displayed directly under the newsletter header
- Attention-getting image: 600 pixels wide X 125 pixels high, high res @300dpi or higher. PNG, JPG or PDF
- Hyperlink to your landing page

March of Dimes MCH News You Need Banner Ad	Quarterly (6)	Monthly (12)	Annually (26)
Per Issue Fee	\$800	\$700	\$600

6-issue minimum applies to all advertising

Number of Insertions \_\_\_\_\_ X (rate) \$ \_\_\_\_\_ Total Fee \$ \_\_\_\_\_

Hyperlink:

### Advertiser Information

Company

Contact Name

Address

City/State/Zip

Phone

Mobile

Email

Website

### Billing Information (if different from adv)

Company

Contact Name

Address

City/State/Zip

Phone

Mobile

Email

Website

We agree to the above advertising schedule and rates. This contract is authorized by:

Advertisers Signature: \_\_\_\_\_

March of Dimes: \_\_\_\_\_

Please email back to [jnicoletti@marchofdimes.org](mailto:jnicoletti@marchofdimes.org)

# MCH news you need Program/Product Feature



- E-mail will be sent to approximately 40,000 March of Dimes MCH Health Professional partners.
- Listing will include one photo and a 40-50 word description about your program or product.
- Listings will be formatted on a first-come, first served basis.

To participate in an upcoming e-mail marketing opportunity, please select from the following options:

**2017 E-mail Distribution Dates**

**Fee**

Single Email Program/Product Feature

\$2,000

Purchase four e-mails at a fee of \$1750 per e-mail distribution—savings of \$1,000

**Please submit the following by the materials deadline:**

**Description** - Submit text in a word document with a maximum of 50 words.

**Image** - 200 pixels by 200 pixels

**URL** - If you would like your listing to link to your website, please provide the URL.

Program or Product Name: \_\_\_\_\_

**Contact Information:**

Company or Organization Name \_\_\_\_\_

Street Address \_\_\_\_\_

City, State, ZIP \_\_\_\_\_

Contact Name \_\_\_\_\_ E-mail \_\_\_\_\_

**Payment Method:** Fee \$2,000/one email or \$7,000/all four e-mails

Mastercard      Visa      Discover      Am. Ex      Check

CC # \_\_\_\_\_ Expiration Date \_\_\_\_\_

Name on credit card \_\_\_\_\_

Authorized signature \_\_\_\_\_

Email the completed application to [jnicoletti@marchofdimes.org](mailto:jnicoletti@marchofdimes.org). If paying by check, send a copy with payment to: Jennifer Nicoletti • March of Dimes • 1275 Mamaroneck Avenue • White Plains • NY • 10605

\*March of Dimes must approve all content/images.