



Epiphany Album Form



FILL OUT AND PAY ONLINE

Payment in full required by deadline for inclusion in the Epiphany Album
Deadline November 11,2024

NAME: _____ DATE: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP _____
CONTACT PHONE (H M): _____ EMAIL: _____

Payment Information (Please Select Cash, Check or Credit Card)

PAY BY CASH AMOUNT: _____
PAY BY CHECK CHECK NUMBER _____ AMOUNT: _____
PAYABLE TO: ST. NICHOLAS GREEK ORTHODOX CATHEDRAL

FILL OUT AND MAKE PAYMENT ONLINE: [HTTPS://STNICHOLASTARPON.ORG/ALBUM](https://stnicholastarpon.org/album)

PAY BY CREDIT CARD (Circle) Visa MasterCard American Express
CREDIT CARD NUMBER _____ EXP MM/YY _____ CID _____ AMOUNT _____
AUTHORIZED SIGNATURE _____ DATE: _____

The undersigned agrees to place an advertisement in the 2025 Epiphany Album.

RATES (PLEASE SELECT)

Full Page Ad Color \$350.00
Half Page Ad Color \$200.00
Full Page Ad Black & White \$250.00
Half Page Ad Black & White \$150.00

AD SPECIFICATIONS:

- IF SAME AD as previous year, WRITE "SAME": _____
- PDF FORMAT IF NEW AD email to Epiphany@stnicholastarpon.org

QUESTIONS: Contact Karen Koulias, Cell # 727-485-4397, Epiphany@stnicholastarpon.org
Advertising received by: _____

• NOTES: _____