

CAMBRIDGE LAKES COMMUNITY ASSOCIATION ADVERTISING

2025/2026 RATE SHEET AND CONTRACT

Company Name: _____

Address: _____

City, State, Zip: _____

Name: _____ Phone: _____ Email: _____

Cambridge Lakes Times – Price Schedule

To receive the below rates, ad must be pdf camera ready & sized
If your ad is not camera ready/sized, an extra fee for revision of \$ 40 will apply

| <u>Size of Ad</u> | 1 Newsletter | 2 Newsletters SAVE 10% | 3 Newsletters SAVE 20% | 4 Newsletters SAVE 30% |
|--|-----------------------------------|-----------------------------------|-----------------------------------|-----------------------------------|
| Full Page -7-3/4"Wx10"H | <input type="checkbox"/> \$250.00 | <input type="checkbox"/> \$450.00 | <input type="checkbox"/> \$600.00 | <input type="checkbox"/> \$700.00 |
| 1 / 2 Page -7-3/4" W x 5"H | <input type="checkbox"/> \$150.00 | <input type="checkbox"/> \$270.00 | <input type="checkbox"/> \$360.00 | <input type="checkbox"/> \$420.00 |
| 1 / 4 Page -3-3/4"W x 5"H | <input type="checkbox"/> \$100.00 | <input type="checkbox"/> \$180.00 | <input type="checkbox"/> \$240.00 | <input type="checkbox"/> \$280.00 |
| Double Bus. Card 3-15/16"W x 3-15/16"H | <input type="checkbox"/> \$ 75.00 | <input type="checkbox"/> \$135.00 | <input type="checkbox"/> \$180.00 | <input type="checkbox"/> \$210.00 |

Total \$ _____

Checks made payable to: **CAMBRIDGE LAKES COMMUNITY ASSOCIATION**

I hereby authorize the above-described advertisement to run in the **CAMBRIDGE LAKES COMMUNITY ASSOCIATION** publication. I assume full responsibility for payment of the advertisement prior to publication. I accept the copy of presented Ad to be published in the **CAMBRIDGE LAKES COMMUNITY ASSOCIATION NEWSLETTER**.

Payment must be mailed to the address below. Ads must be submitted via email, camera-ready and sized.

There is no guarantee of page or ad location. The Board or its designated agent shall have the right to reject any one (1) or more advertisements submitted for publication and to adjust the advertisement prices without notice to the party submitting the advertisement.

Authorized Signature: _____ Title: _____ Date: _____

Cambridge Lakes Representative: _____ Date: _____

1125 Wester Boulevard, Pingree Grove, IL 60140 Tele: (847) 464-1515 Fax: (847) 464-1512

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www.mycambridgelakes.com