

Autism Walk and Expo
4 Doran Dr.
Hopewell Jct., NY 12533
845-226-7525
www.autismwalkhv.org



President, Autism Society
Hudson Valley
Founder & Chairperson
Autism Walk & Expo
of the Hudson Valley
T.D.D.S.O. - Parent Autism
Advisory Panel:
Karen Kosack

Co-chairpersons:
Sis Gonyea
Judy Kogut-O'Connell

Treasurer:
Donna Platt

Committee Members:
Roxanne Ferber
Hope Miller
Peggy Miller
Mark Storch
Ginny Surico

Youth Members:
Sawyer Bryson
Jacqueline Kosack
Jake Kosack
Kayla Kosack
Conor Lynch
Madelyn Miller
Joshua O'Connell

Honorary Member:
Carol Hikade

To Whom it may Concern:

The Autism Society Hudson Valley will be hosting the Autism Walk and Expo of the Hudson Valley on Sunday April 25, 2010 at the Dutchess County Fairgrounds in Rhinebeck, NY. We are a non-profit agency and hope we can count on you to sponsor this event and help make a difference in the lives of the Hudson Valley Autistic Community.

This year we are putting together a program, which is our gift to those who attend the Autism Walk & Expo of the Hudson Valley Region. We have four ad sizes from which to choose. All ads will be printed in black and white, and must be received no later than March 19, 2010.

Inside Front Cover	\$200.00 (5 _ x 8 _)
Inside Back Cover	\$200.00 (5 _ x 8 _)
Back Cover	\$200.00 (5 _ x 8 _)
Full page	\$100.00 (5 _ x 8 _)
1/2 page	\$ 50.00 (4 _ x 5 _)
1/4 page	\$ 35.00 (4 _ x 2 _)
Business Card	\$ 25.00 (Standard Size)

No donation is too small, and we hope you will be able to support our walk and our cause.

If you are interested in taking an ad in our program, please fill out the form enclosed with this letter. If you have any questions regarding the advertising, please contact us at 845-226-7525 or by email to info@autismwalkhv.org.

2010 Autism Walk Committee

The 2010 Autism Walk & Expo Committee of the Hudson Valley

Please complete and return the form on the reverse side of this letter.

Please be sure to keep a copy of this letter for your records.



Name of Business: _____

Contact Person: _____

Address: _____

Email: _____

Phone: _____

If you are submitting more than one ad, please use a separate form for each ad. Please enclose your flyer, ad or business card to be used in this program. By doing so, you agree that it may need to be reduced, resized or enlarged to fit in the space allowed.

*Please make check payable: **Hudson Valley Autism Awareness***

PLEASE MAIL FORM AND CHECK TO:
Hudson Valley Autism Awareness
4 Doran Dr.
Hopewell Junction, NY 12533

