

Alpha Kappa Alpha Sorority, Incorporated®
Rho Chi Omega Chapter

Angel Pageant Advertisement Form

Angel's Name _____

Name of Sponsor/Organization: _____

_____ I am a member of Alpha Kappa Alpha Sorority, Incorporated®

_____ I am **NOT** a member of Alpha Kappa Alpha Sorority, Incorporated®

Address: _____

Email Address: _____ Telephone Number: _____

Indicate type of advertisement:

Full Page _____
(\$125.00 with photo)

Half (1/2) Page _____
(\$65.00 without photo)

Half (1/2) Page _____
(\$70.00 with one photo)

Quarter (1/4) Page _____
(\$45.00— no photo)

Well Wishers _____
(\$25.00) (One line)
(Example: "God bless, Love Grandmother Pearl")

Ad Inscription: (PLEASE print or type)

(Please **tape** business card or business/organization logo to form. **Do not staple.**)

Check Method of Payment: Cash _____ Check _____ Online _____
(Make check payable to The Emerald Community Empowerment Foundation, Incorporated)

You may email the ad to cheryljohnson05@comcast.net by the deadline.

Online submission and payment at <https://www.emeraldcef.org/2026-angel-pageant-registration> plus processing fees.

You may mail payment to The Emerald Community Empowerment Foundation, Inc.
P.O. Box 477 ♦ Madison, AL 35758

THE DEADLINE FOR SUBMITTING ADVERTISEMENT AND PAYMENT IS MARCH 24, 2026.
(One ad request per form)

Make a copy of this form to save as your receipt.

FOR SORORITY USE ONLY

Amount Paid: \$ _____ Date: _____ Submitted to: _____

Cash/Check# _____ Receipt#: _____

(Form may be duplicated.)