

THE JEWISH FEDERATION'S

68<sup>TH</sup>

ANNUAL LEGAL DIVISION DINNER

HONORING

ALBERT Z. PRAW

BRUCE I. HOCHMAN MAIMONIDES TORCH OF JUSTICE AWARD RECIPIENT

MARCH 23, 2017

5:30 PM COCKTAILS

7:00 PM DINNER AND PROGRAM

THE BEVERLY WILSHIRE HOTEL

9500 WILSHIRE BOULEVARD, BEVERLY HILLS

BUSINESS ATTIRE · DIETARY LAWS OBSERVED



PLEASE RESERVE THE FOLLOWING SPONSORSHIP IN MY NAME:

PLATINUM- \$100,000

Platinum Full Page Ad  
Two (2) VIP Tables of Ten

DIAMOND- \$50,000

Diamond Full Page Ad  
Two (2) VIP Tables of Ten

EMERALD - \$25,000

Emerald Full Page Ad  
One (1) VIP Table of Ten

RUBY - \$18,000

Ruby Full Page Ad  
One (1) VIP Table of Ten

GOLD- \$10,000

Gold Full Page Ad  
One (1) Preferred Table of Ten

SILVER - \$5,000

Silver Full Page Ad  
One (1) Table of Ten

BRONZE - \$3,000

Bronze Full Page Ad  
Four (4) Seats

\$1,000 SPONSOR

Full Page Ad  
Does Not Include Seats

\$500 SPONSOR

Half page Ad  
Does Not Include Seats

TO PURCHASE TABLE(S)

Please reserve \_\_\_\_\_ table(s) of 10 at \$400 each.

TO PURCHASE INDIVIDUAL SEAT(S)

Please reserve \_\_\_\_\_ seat(s) at \$400 each.  
 Please reserve \_\_\_\_\_ Judges seat(s) at \$250 each.  
 Please reserve \_\_\_\_\_ EMET seat(s) at \$125 each.

The deadline to receive ads is Friday, February 24, 2017

Ad Sizes Full Page: 8"w x 10.5"h (with or w/o bleed) Half Page: 8"w x 5.25"h

Most design programs are acceptable to our printer. In addition, please send a jpeg, pdf or Word version for our office records.

PLEASE SEND ALL ART IN BLACK & WHITE OR GRAYSCALE.

Send via e-mail attachment to GDrucker-Flait@JewishLA.org or LCrasnick@JewishLA.org

Name \_\_\_\_\_

Company/Firm \_\_\_\_\_

Address \_\_\_\_\_

Business Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_

FAX \_\_\_\_\_ E-Mail \_\_\_\_\_

I am not able to attend, but I would like to make my annual gift to support the work of THE JEWISH FEDERATION in the amount of \$\_\_\_\_\_.

Enclosed is my check payable to THE JEWISH FEDERATION in the amount of \$\_\_\_\_\_.

Please bill my:  Visa  MC  AMEX in the amount of \$\_\_\_\_\_.

Credit Card# \_\_\_\_\_ Exp. Date \_\_\_\_\_ Sec. Code \_\_\_\_\_

Name on card (please print) \_\_\_\_\_ Billing Zip Code \_\_\_\_\_

Signature \_\_\_\_\_

If you have any questions, please contact Gwenn Drucker-Flait at (323) 761-8297 or GDrucker-Flait@JewishLA.org, or Laurie Crasnick at (323) 761-8140 or LCrasnick@JewishLA.org. The fair market value for the dinner has been established to be \$185 per person.

