

PAYMENT INFORMATION:

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Jewish Community Center of Metropolitan Detroit
- I'll be using my credit card for payment.
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Cardholder name: _____

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If you prefer to make a payment with your credit card over the phone, please call **248-661-1000**.

MAIL TO:

**Jewish Community Center of Metropolitan Detroit
Attention: Development
6600 West Maple Road
West Bloomfield, MI 48322**

TOTAL ENCLOSED \$ _____

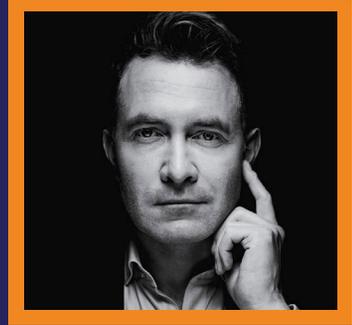
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For more information, please contact Julie Yaker at jyaker@jccdet.org or **248-661-1000**.

An Evening with Douglas Murray



Honoring Todd Sachse with the Boneh Kehillah Builder of Community Award



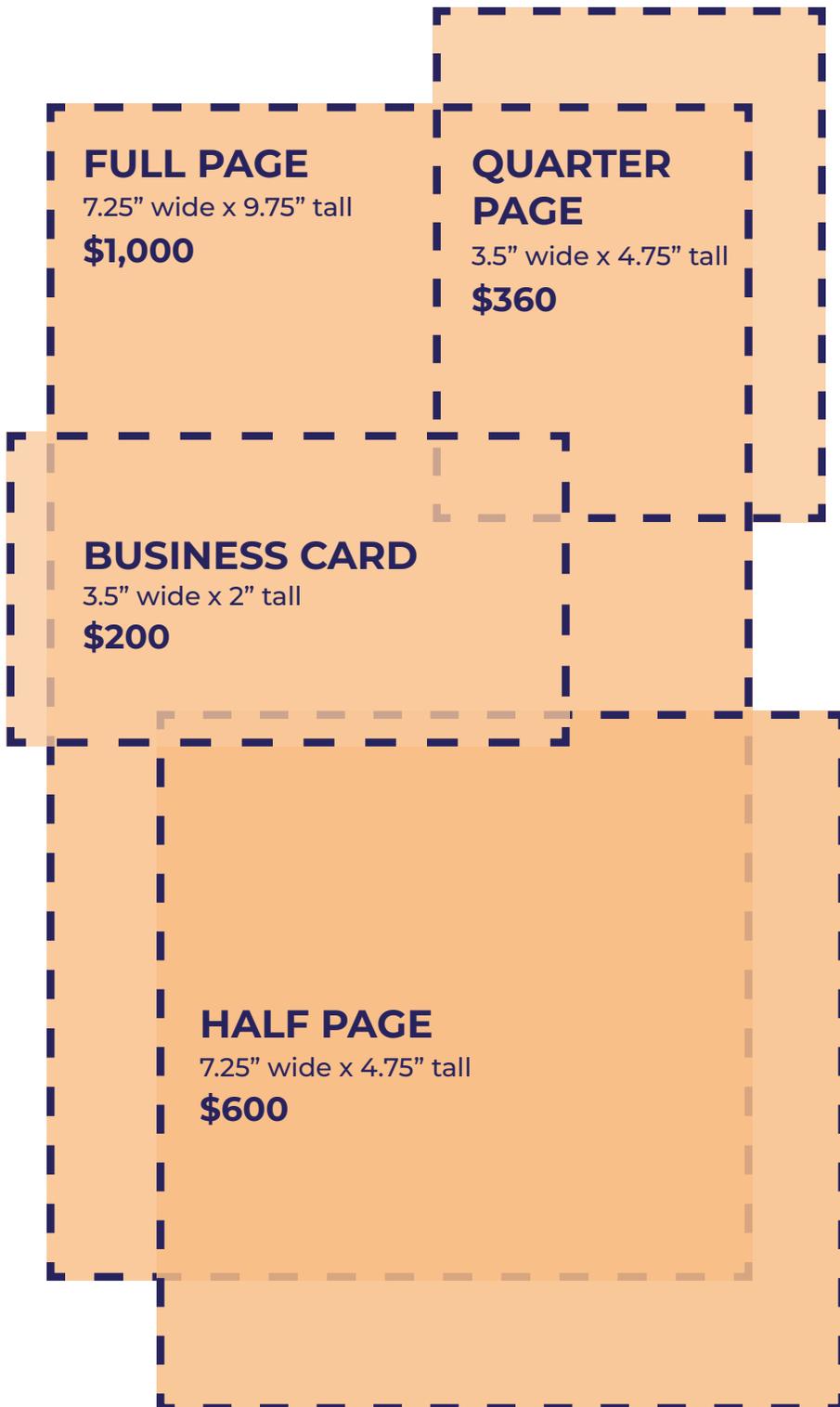
The J is proud to present a special evening on **Sunday, April 26**, featuring internationally renowned author and commentator Douglas Murray, while honoring Todd Sachse for his leadership and commitment to our community.

This important event will bring together community leaders, supporters, and partners for an evening of ideas, conversation, and meaningful connection.

Your sponsorship provides critical support for this program and ensures its success, while offering valuable recognition and engagement opportunities.

TheJDetroit.org || 248-661-1000





Yes, my business or organization would like to support The J - A Night with Douglas Murray by purchasing an ad in the event program.

Please select:

<input type="checkbox"/>	Full Page	7.25" Wide x 9.75" Tall	\$1,000
<input type="checkbox"/>	Half Page	7.25" Wide x 4.75" Tall	\$600
<input type="checkbox"/>	Quarter Page	3.5" Wide x 4.75" Tall	\$360
<input type="checkbox"/>	Business Card or Typeset	3.5" Wide x 2" Tall	\$200

I will design my ad and email a high-res file in jpg (300 dpi) or pdf file format.

Enclosed is my ad. (Do not staple, fold or tape.)

I will email my business card in jpg or pdf file format.
*Business card or typeset placement only.

Enclosed is my business card. (Do not staple, fold or tape.)
*Business card or typeset placement only.

Ads and copy due to Julie Yaker by April 15, 2026:
jyaker@jccdet.org

CONTACT INFORMATION:

Name: _____

Company Name: _____

Address: _____

City: _____ State: _____ Zip: _____

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Email: _____