

CELEBRATING 25 YEARS!

Family to Family Thanksgiving

Strengthening Families for Life

Sponsorship Commitment Form

Company Name: _____

Name: _____

Address: _____

Email address: _____

A. Yes, I/we will sponsor Family to Family Thanksgiving

Contribution Amount \$ _____

_____ Check is enclosed payable to **“Aurora Health Care Foundation”**

_____ Payment of my pledge will be made on or before: _____ / _____ 2021 (Payment due by 11/1/2021)
Month Day

Signature _____

Title _____

Date _____

How do you wish to be listed on signage and other printed materials?

Please email an original logo in a hi-res JPEG format to Sarah.Katsandonis@aah.org

B. Please contact me about Workplace Giving opportunities.

Please return the completed form and payment to:
Aurora Health Care Foundation Gift Processing Center
Dept 7738074
PO Box 806163
Chicago, IL 60680

Questions? Email sarah.katsandonis@aah.org

Your gift will be processed at our central facility, Aurora Health Care Foundation Processing Center. One hundred percent of your gift will benefit Aurora Family Service to the extent allowed by law.



We are  Advocate Aurora Health