

**AWAMC Evening of Promise  
Gift Card and Silent Auction Donation Form**

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By completing this form, we authorize Aurora Health Care Foundation to include our name or logo on all printed materials associated with our donation (program book, signage, presentation, etc.).

Item: \_\_\_\_\_

Value: \_\_\_\_\_

Company Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Please complete one:**

- My donation accompanies this form.
- I will deliver the donation by: \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

All funds generated from this event benefit patients and caregivers of Aurora West Allis Medical Center. Donations are tax deductible to the extent permitted by law.

***Deadline to receive gift cards and silent auction donations is Friday, September 7, 2018.***

**Please mail, fax, or email this form to:**

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