

**AWAMC Evening of Promise
 Sponsorship Confirmation Form**

By completing this form, we authorize Aurora Health Care Foundation to include our corporate name or logo on all printed materials consistent with our sponsorship levels as marked:

- | | |
|--|---|
| Presenting Sponsor | <input type="checkbox"/> \$25,000 |
| Platinum Sponsor | <input type="checkbox"/> \$10,000 |
| Gold Sponsor | <input type="checkbox"/> \$5,000 |
| Silver Sponsor | <input type="checkbox"/> \$2,500 |
| Advertising Sponsor | <input type="checkbox"/> \$_____ |
| \$1,000 Center-Fold (2 pages) | |
| \$700 Inside Front Cover | |
| \$500 Inside Back Cover | |
| \$300 Full Page | |
| \$150 Half Page | |
| \$100 Quarter Page | |
| \$50 Business Card | |
| Reserved Table | <input type="checkbox"/> \$1,250 |
| Individual Ticket | <input type="checkbox"/> \$100 each _____ # attending |
| Unable to participate, but would like to make a donation | <input type="checkbox"/> \$_____ |

Company Name: _____

Contact Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ E-mail: _____

Please e-mail company name and logo to: amanda.damm@aurora.org
Deadline to be included in the program book is September 7, 2018.

Payment Options:

Please make checks payable to: Aurora Health Care Foundation

- Visa MasterCard American Express Discover

Amount: _____ Security Code: _____ Expiration Date: _____

Card Number: _____

Signature: _____

Please mail, fax, or email this form with payment to:

Amanda Damm
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 2900 W. Oklahoma Avenue, Suite 512
 Milwaukee, WI 53215

Fax: 414-385-2426
 Phone: 414-649-7122
Amanda.Damm@aurora.org

