“I don’t know everyone that helped me to be a survivor, but I’m very grateful and want to do something for the next person.”

“My contribution can never convey the gratitude to you. Thank you for the respect you extended to my family and to me.”

Many, many thanks.

“My doctor exemplifies all of the characteristics I value and expect – intelligence, compassion, a sincere interest in my well-being and a willingness to listen. Going through cancer therapy was made easier knowing I had absolute faith in him. Thank you!”

How can I thank you?
Gratitude is expressed in many ways: a hug, a handshake, or with a simple “Thank you.” Sometimes you want to do more. People often ask how they can give back to the doctors, nurses and other staff who made a difference in their care. We’ve made it easy for you. Take the next step and make a significant impact by supporting us through one or all of these great options.

When we work together, we have the power to transform care.

Choose the option that is best for you.

A donation of any amount will be put to immediate use and directly benefit the area you designate. If you choose, we’ll share your special note of thanks with the person(s) you honor.

Host your own fundraiser to support a specific area of care or address the greatest need in your community. We have a toolkit available to make planning your fundraiser an instant success.

By donating through your will or other legacy giving, you will make a life-changing impact. We can help you identify ways to support the programs most important to you.

I’d like to say thank you with my gift of:

- $500
- $250
- $100
- $50
- $25
- $________

Please direct my gift:

- Where it is needed most
- To this Aurora Health Care hospital or program:

In honor of ____________________________________________

My name ____________________________________________

Address ____________________________________________

City, State, ZIP ______________________________________

Phone __________________ Email _____________________

My check payable to “Aurora Health Care Foundation” is enclosed.

Please charge $________________________ to my credit card.

- VISA
- MasterCard
- Discover
- AMEX

Account No. _______________________________________

Expiration date ______ /______ /______

Security code (3 digits) _________

Name as it appears on card ______________________________________

Signature __________________________________________

I am interested in:

- Hosting a community fundraiser
- Learning about wills and legacy gift planning
- Volunteering

For more information, please contact:
Aurora Health Care Foundation
950 N. 12th Street, Suite A511, Milwaukee, WI 53233
877-460-8730  |  thankyou@aurora.org

Give online at aurora.org/thankyou

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