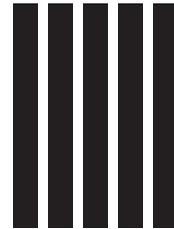


“I don’t know everyone that helped me to be a survivor, but **I’m very grateful and want to do something for the next person.**”

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



NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES



BUSINESS REPLY MAIL

FIRST-CLASS PERMIT NO. 7170 MILWAUKEE, WI

POSTAGE WILL BE PAID BY ADDRESSEE

AURORA HEALTH CARE FOUNDATION OPERATIONS

950 N 12TH ST SUITE A511

PO BOX 342

MILWAUKEE WI 53201-9409



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?



 **Aurora Health Care
Foundation®**

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.



Give online at
aurora.org/thankyou

For more information, please contact:

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

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

Choose the option that is best for you.

1.

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.

2.

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.

3.

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

Detach and mail in here

Fold here