



Foundation Office
2900 W. Oklahoma Ave.
Milwaukee, WI 53215
P) 414-649-7122
F) 414-385-2426

ASLMC Legacy of Excellence Advertising Sponsorship Confirmation Form

We authorize Aurora Health Care Foundation to include our corporate name or logo in the program book.
All advertising sponsorship opportunities are black and white, unless otherwise noted.

Advertising Sponsor

- Centerfold (2 pages) \$1,000
- Inside Front Cover (color) \$700
- Inside Back Cover (color) \$500
- Full Page \$300
- Half Page \$150
- Quarter Page \$100
- Business Card \$50

Unable to participate, but would like to make a donation.

\$ _____

Company Name: _____

Contact Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ E-mail: _____

Deadline to be included in the program book is April 5, 2019.

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 to:

Amanda Damm
Aurora Health Care, Foundation Office
2900 W. Oklahoma Avenue, Suite 506
Milwaukee, WI 53215

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