



Foundation Office  
2900 W. Oklahoma Ave.  
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## ASLMC Legacy of Excellence Advertising Sponsorship Confirmation Form

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We authorize Aurora Health Care Foundation to include our corporate name or logo in the program book.

### Advertising Sponsor

- |   |                                   |
|---|-----------------------------------|
| Centerfold (2 pages)                                      | <input type="checkbox"/> \$1,000  |
| Inside Front Cover  | <input type="checkbox"/> \$700    |
| Inside Back Cover   | <input type="checkbox"/> \$500    |
| Full Page   | <input type="checkbox"/> \$300    |
| Half Page   | <input type="checkbox"/> \$150    |
| Quarter Page  | <input type="checkbox"/> \$100    |
| Business Card   | <input type="checkbox"/> \$50     |
| 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: \_\_\_\_\_

**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: \_\_\_\_\_ 3 Digit Security Code: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Card Number: \_\_\_\_\_

Signature: \_\_\_\_\_

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

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Milwaukee, WI 53215

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