



Aurora Family Service®

Family-to-Family Thanksgiving



Sponsorship Commitment Form



Signature Level – \$10,000

- **300 baskets** provided to Milwaukee families –
Your company may designate 100 baskets to local organization(s) of your choice.
- Your company's support prominently acknowledged as part of a feature story on AuroraHealthCare.org home page –
The website receives approximately 750,000 visits per month.
- Includes all benefits offered at Leader, Advocate and Champion levels

Leader Level – \$5,000

- **150 baskets** provided to Milwaukee families –
Your company may designate 50 baskets to local organization(s) of your choice.
- Press releases sent to 60 local media sites highlighting support –
Local media coverage has included features in the Milwaukee Journal Sentinel and on WTMJ NBC 4 – Morning Blend, WITI FOX 6 – Wake Up Milwaukee and WISN – ABC 12 newscasts.
- Includes all benefits offered at Champion and Advocate levels

Advocate Level – \$2,500

- **70 baskets** provided to Milwaukee families
- Your company's logo/name prominently displayed on signs at distribution site
- Your company's support displayed on banner images placed on Aurora's various social media outlets, such as Aurora-based Facebook, LinkedIn and Twitter pages
- Your company's support prominently acknowledged/announced on Aurora e-newsletter, distributed to the community at large
- Includes all benefits offered at Champion level

Champion Level – \$1,000

- **30 baskets** provided to Milwaukee families
- Your company's logo/name printed on Thanksgiving distribution cards, included in each recipient's basket
- Your company's support recognized in Aurora Family Service *Family Tree* newsletter

Additionally, all Family-to-Family Thanksgiving sponsors of \$500 or more receive:

- Recognition in annual thank-you book sent to Aurora Family Service donor base, civic leaders and other key community stakeholders
- Recognition in Aurora Family Service annual report

Yes, I/we wish to become a sponsor of this year's Aurora Family Service Family to Family Thanksgiving event.

Sponsorship level – check one: \$10,000 \$5,000 \$2,500 \$1,000 \$500

Please tell us how you wish to be identified for signage and other printed materials.

Copy will appear exactly as you indicate below. (Please print.)

Do you wish to use a corporate logo? Yes No

Please email an original logo in a "tif" or "eps" (Illustrator 7.0 and below format) to diane.orozco@aurora.org.

Contact person for questions regarding the use of your logo _____

Phone _____ Email _____

Confirmation of your commitment will be mailed to you. (Please print.)

Company name _____

Name of person making commitment _____

Address _____

City _____ State _____ ZIP _____

Phone (____) _____ - _____ Email _____

Gift amount _____

Check is enclosed payable to "Aurora Family Service."

I wish to pay by credit card. Visa MasterCard Discover American Express

Card No. _____ Exp. date _____ / _____

Signature _____ Date _____

If you wish to give online, please go to: Aurora.org/HelpAFS

Payment of my pledge will be made on or before _____ / _____, 2011
Month Day

Signature _____

Title _____ Date _____

Please return completed form to:

Aurora Health Care Foundation

950 N. 12th Street, A511

Milwaukee, WI 53233

T 414-219-4742

F 414-219-4871