



Aurora Family Service®



Family-to-Family Thanksgiving

Sponsorship Commitment Form



Signature Level – \$10,000

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

Leader Level – \$5,000

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

Advocate Level – \$2,500

- 70 Baskets provided to Milwaukee families.
- Signage prominently displayed at the distribution site featuring your company's logo and name.
- Banner images of your company's support will be posted to acknowledge your generous support on Aurora's Facebook, LinkedIn, Twitter and other social media outlets.
- Announcement of sponsorship on the Aurora e-Newsletter distributed to the community at large.
- Includes all benefits offered at the Champion Level.

Champion Level – \$1,000

- 30 Baskets provided to Milwaukee families.
- Your company's name or logo printed on Thanksgiving distribution cards included in each recipient's Thanksgiving basket.
- Recognition in Aurora Family Service "Family Tree" Newsletter.

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

- Recognition in the annual thank you book sent to Aurora Family Service's donor base, civic leaders and other key community stakeholders.
- Recognition in the Aurora Family Service Annual Report.

Aurora Health Care is a not-for-profit health care provider and a national leader in efforts to improve the quality of health care.

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 community.connections@aurora.org

Contact person for questions regarding the use of your logo _____

Phone _____ E-mail _____

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

Company Name _____

Name of person making commitment _____

Address _____

City _____ State _____ Zip _____

Phone _____ E-mail _____

Check is enclosed payable to "Aurora Family Service"

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

Card Number _____ Expiration Date _____

Signature _____ Date _____

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

Payment of my pledge will be made on or before Month _____ Day _____ 2009

Signature _____

Title _____ Date _____

Please return the completed form to

Katherine Bingham
Aurora Family Service
Philanthropy Office
3200 W. Highland Boulevard
Milwaukee, WI 53208

T 414-345-4428
F 414-345-4934
katherine.bingham@aurora.org