

AWAMC Evening of Promise Sponsorship Confirmation Form				
By completing this form, we authorize Aurora Health Care Found consistent with our sponsorship levels as marked:	ation to include our co	rporate name or logo	on all printed mat	erials
Presenting Sponsor Platinum Sponsor Gold Sponsor Silver Sponsor Advertising Sponsor \$1,000		\$25,000 \$10,000 \$5,000 \$2,500 \$1,250		
Individual Ticket Unable to participate, but would like to make a	a donation	□ \$100 each □ \$	# attending	
Company Name: West Allis Communit	y Improvem	ent Founda	tion	
Contact Name: <u>fatricia</u> Wikenhauser,	President			
Address: 7525 W. Greenfield Ave.				
City: West Allis State	e: _WI_ zip (Code:532/	14	
Phone: 4/4-302-8292 E-mail: <u>J.Wardins</u> (Jeanette Wardinski, Staff Support) Please e-mail company name and logo to: amanda.damm@auror Deadline to be included in the program book is September 6, 2	<u>SKie Westalli</u> ra.org			
Payment Options: Please make checks payable to: Aurora Health Care Foundation □ Visa □ MasterCard □ American Exp	press	☐ Discover		
Amount: Security Code:	Expiration Date:			
Card Number:				
Signature:				
Please mail, fax, or email this form with payment to: Amanda Damm Aurora Health Care, Foundation Office 1900 W. Oklahoma Avenue, Suite 506 Milwaukee. WI 53215	Fax: 414-385-242 Phone: 414-649-7 Amanda.Damm@a	6 122		
		Caring connec	ets us all.	# ? 9

West Allis Community Improvement Foundation



Join Us & Help Support Our Community

Community Breakfast of Thanks & Giving November 25, 2019

> Community Charity Gala April 25, 2020

To learn more and donate, visit www.westallisfoundation.org



WACIF is supported solely by the help of the community to promote community projects and programs which preserve, foster, and enhance the economic and social well-being of the citizens, businesses, and organizations of the City of West Allis.