

Thursday, October 9, 2025

Harley Davidson Museum – The Garage 400 West Canal Street, Milwaukee, WI

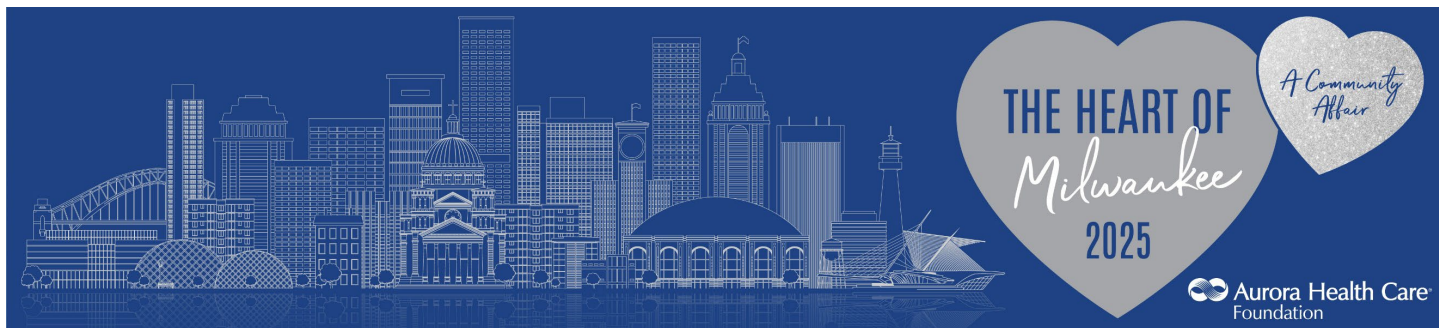
Benefiting Cardiac Programs at Aurora’s Milwaukee Hospitals – Sinai, St. Luke’s and St. Luke’s South Shore

Sponsorship Opportunity	Presenting	Heart of Gold	Heart Warrior	Heart Hero	Open Heart	Heartbeat
Investment Amount	\$75,000	\$50,000	\$25,000	\$10,000	\$5,000	\$2,500
Tickets included	24 Premium	16 Premium	16 Premium	8	6	4
Listed as presenting sponsor of the event	♡					
Company name or logo included in event promotions	♡	♡	♡	♡		
Includes membership into Aurora Health Care’s Corporate Partners in Philanthropy program	♡	♡	♡	♡		
Verbal recognition from the stage	♡	♡	♡	♡		
Company name or logo included on event website	♡	♡	♡	♡	♡	
Recognition on event digital screens, program and post-event thank you email	♡	♡	♡	♡	♡	♡

For more information, please email toria.monroe@aah.org.

All individuals who donate \$1,000 and above will become members of Advocate Health Care’s Visionaries in Health.

Please note that a charitable contribution is not premised or conditioned upon conducting business with Aurora Health Care.



STEP 1: SPONSOR COMMITMENT (BY SEPTEMBER 26)

YES! I/we would like to support The Heart of Milwaukee: A Community Affair at the following level:
(check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Presenting Sponsor - \$75,000 | <input type="checkbox"/> Open Heart Sponsor - \$5,000 |
| <input type="checkbox"/> Heart of Gold Sponsor - \$50,000 | <input type="checkbox"/> Heartbeat Sponsor - \$2,500 |
| <input type="checkbox"/> Heart Warrior Sponsor - \$25,000 | <input type="checkbox"/> _____ ticket(s) at \$150 each |
| <input type="checkbox"/> Heart Hero Sponsor - \$10,000 | <input type="checkbox"/> We cannot participate, please accept our donation of \$ _____ |

STEP 2: SPONSOR RECOGNITION PREFERENCES

For recognition, please print exactly how you would like your name/company to be listed:

For sponsorship of \$5,000 and above, please email your hi-res jpg logo as soon as possible to:
toria.monroe@aah.org

STEP 3: PAYMENT INFORMATION

To pay by check, fill out the information below. To pledge, email this form to toria.monroe@aah.org.

Name: _____ Title: _____

Email: _____ Phone: _____

Company (if applicable): _____

Address: _____

City: _____ State: _____ Zip: _____

Mail your check, made payable to Aurora Health Care Foundation, along with this completed form to
Aurora Health Care Foundation
c/o Data Integrity Team
2025 Windsor Drive, Oak Brook, IL 60523