

## Tuesday, October 21, 2025

Wisconsin Club - 900 W Wisconsin Ave, Milwaukee, WI Benefiting Aurora Zilber Family Hospice

Sponsorship Opportunity	Presenting Sponsor	Signature Sponsor	Sustaining Sponsor	Supporting Sponsor	Partner Sponsor	Friend Sponsor
Investment Amount	\$50,000	\$25,000	\$10,000	\$5,000	\$2,500	\$1,000
Tickets included	16 Premium	8 Premium	8 Preferred	4 Preferred	4 Select	2
Recognition in event invitation (received by July 11)						
Recognition on event website and promotional emails.	Top tier logo	Logo	Logo			
Verbal recognition from the stage.		<b>Ø</b>				
Inclusion in Aurora Health Care's Corporate Partners in Philanthropy program	<b>Ø</b>	•	<b>Ø</b>			
Recognition at event		<b>Ø</b>		<b>Ø</b>		
Recognition in event printed program		<b>⊘</b>		<b>€</b>		
Recognition in event thank you email.						

For more information, please visit our event page at Advocatehealth.org/Zilber20 or email **Robyn Wohlfeil at robyn.wohlfeil@aah.org** or call 877-460-8730.

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

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



## Aurora zilber family hospice. Anniversary Celebration

Commemorating 20 years of compassionate, end-of-life care

GENEROUSLY SUPPORTED BY THE ZILBER FAMILY FOUNDATION



## STEP 1: SPONSOR COMMITMENT (BY OCTOBER 7) YES! I/we would like to support Aurora Zilber Famliy Hospice at the following level: ☐ Presenting Sponsor - \$50,000 **Tickets and Donation** ☐ Signature Sponsor - \$25,000 ☐ \_\_\_\_\_ ticket(s) at \$100 each ☐ Sustaining Sponsor - \$10,000 ☐ Supporting Sponsor - \$5,000 ☐ We cannot participate, please accept ☐ Partner Sponsor - \$2,500 our donation of \$ ☐ Friend Sponsor - \$1,000 STEP 2: SPONSOR RECOGNITION PREFERENCES For recognition, please print exactly how you would like your name/company to be listed: Sponsors of \$5,000 and up, please email your logo as soon as possible to: robyn.wohlfeil@aah.org **STEP 3: PAYMENT INFORMATION** Visit advocatehealth.org/Zilber20 for more information or to secure tickets or sponsorship via credit card. To pay by check, fill out the information below. To pledge, email this form to robyn.wohlfeil@aah.org. Name: \_\_\_\_\_\_\_Title: \_\_\_\_\_ Email: Phone: Company: City: \_\_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mail your check made payable to Aurora Health Care Foundation to

Aurora Zilber Family Hospice Anniversary Celebration c/o Aurora Health Care Foundation Data Integrity Team 2025 Windsor Drive, Oak Brook, IL 60523

