



2020 An Evening of Wishes Opportunities for Support

Company Name: _____

Contact Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ E-mail: _____

We would like to donate an auction/raffle item.

Item Description: _____

Value: \$ _____

(As an auction/raffle donor, we authorize Hospice Alliance Foundation to include our company name in the program book and on signage.)

____ Please call me to arrange pick up of our item.

____ We will have our item dropped off at Hospice Alliance before **Friday, February 14, 2020**.

We would like to advertise in *An Evening of Wishes* event program.

Ad Size (see Program Ad Specs sheet)

____ \$500 ½ page

____ \$250 ¼ page

____ \$100 Business Card

We would like to purchase tickets to the event on Saturday, March 7, 2019.

Table Host (8 Guests) \$800 X _____ = _____

Attend as a Guest \$100 X _____ = _____

We are unable to participate but would like to make a donation. \$ _____

Payment Options:

Pay by check: Please make checks payable to **Hospice Alliance Foundation**.

Pay by Credit Card: Visa MasterCard American Express Discover

Amount: \$ _____

Card Number: _____ Exp. Date: _____ Three Digit Code: _____

Card Billing Address: _____ State: _____ Zip Code: _____

Signature: _____

Please mail, fax or e-mail this form to: Megan Frazer, Hospice Alliance Foundation,
10220 Prairie Ridge Blvd, Pleasant Prairie, WI 53158, email: megan.frazer@hospicealliance.org, fax: 262-925-1361

Office Use:

Abila # _____ Donation # _____ Auct. # _____ Date: _____