





TO BENEFIT HEART CARE ACROSS ASCENSION WISCONSIN

APRIL.5.2025

Please Print	How would you like your name listed in the program?
Donor	
Contact	Please mail or fax this form and donated items no later than
Address	MONDAY, FEBRUARY 17, 2025 to:
	Ascension Wisconsin Foundation
	13033 W. HOLLII AVCIIUC
City	Brookfield, WI 53045
	Email: AWFevents@ascension.org
State Zip Phone	
Email	☐ Gift Certificate is enclosed/attached
	Donation will be delivered to above address on
Item	(Date)
Estimated retail value \$	Pick-up is requested
Description	
	Phone
	Diele un Legation
	☐ Please prepare a gift certificate for my donation
Special Instructions/Restrictions	Expiration date/ _/ Today's date/ _/
	Donor signature