



S P R I N G B E G I N N I N G S G A L A

AUCTION DONATION

F O R M

BEGINNINGS

Gala

TO BENEFIT **ASCENSION WISCONSIN NEUROLOGICAL CARE**

MARCH 9

2 0 2 4

Please Print

Donor _____

Contact _____

Address _____

City _____

State _____ Zip _____ Phone _____

Email _____

Item _____

Estimated retail value \$ _____

Description _____

Special Instructions/Restrictions _____

How would you like your name listed in the program?

Please mail or fax this form and donated items no later than
January 5, 2024 to:

Ascension Wisconsin Foundation
19333 W. North Avenue
Brookfield, WI 53045
Email: AWFEvents@ascension.org

Gift Certificate is enclosed/attached

Donation will be delivered to above address on
(Date) _____

Pick-up is requested

Contact _____

Phone _____

Pick-up Date _____

Pick-up Location _____

Please prepare a gift certificate for my donation

Expiration date ____ / ____ / ____ Today's date ____ / ____ / ____

Donor signature _____

Thank you for supporting Ascension Wisconsin Neurological Care!

*The Ascension Wisconsin Foundation is a 501(c)3 tax-exempt, not-for-profit organization. Our tax ID is 39-1494981.
All donations made to the Foundation are fully deductible according to IRS code.*