Wolf River Area Healthcare Foundation
2012 Healthcare Hero Award

The Healthcare Hero Awards are presented by the Wolf River Area Healthcare Foundation (WRAHF) to recognize the value and impact of improved community health by everyday "Heroes". These "Heroes" help the Foundation by supporting the mission and vision of improving healthcare and the health of our communities.

Through these awards we seek to salute excellence, encourage innovation, offer examples of best practices, raise awareness in the community, enhance the quality of healthcare and, of course, recognize those deserving individuals, groups and local business who are leading through example. The Healthcare Hero awards will be presented at the WRAHF's Annual Dinner on September 18, 2012.

Who is a Healthcare Hero?

Healthcare Heroes are chosen based on the business, group or individuals ability to:

- Solve a community health problem by reaching outside their normal sphere of business.
- Encourage and/or foster innovation, education or wellness activities.
- Show commitment to the community & impact lives
- Impact the recipient(s) life.
- Focus on an acknowledged health care issue or opportunity within the community.

Who is eligible?

- Open to any business, group or individual residing in New London, Clintonville, Marion, Manawa, Weyauwega, Hortonville, and Shiocton.
- Application submission, by individual or other on their behalf.
- Nominations will be judged by a group of community leaders (representing each of the service areas).

Sponsor a Healthcare Hero $1,500

Exclusive Opportunity

____ Group ____ ~~Individual~~ *Reserved* ____ Business

Your Sponsorship will include:

- 1 Table of 8 at the Event
- Award presented in your name
- Presentation of the Award to Honoree during ceremony
- Logo and name on all materials referencing the Award
- Pre & Post Event publicity

HEALTHCARE HERO SPONSORSHIP COMMITTMENT

Yes, we would like to sponsor a Healthcare Hero Award

$1,500

____ Group ____ ~~Individual~~ *Reserved* ____ Business

Name: _____

Contact Person: _____ Title: _____

Address: _____ Phone:_____

City, State, Zip:_____ Email:_____

Payment method:

- ❑ Check enclosed payable to the Wolf River Area Healthcare Foundation (WRAHF)
- ❑ Credit Card—please call the Foundation office at 920-531-2066.
- ❑ Please invoice one month prior to the event.

Please Submit to:

Mail: Wolf River Area Healthcare Foundation
PO Box 307, New London, WI 54961

Email: Meadow Dorsey meadow.dorsey@thedacare.org
Phone: 920-531-2066 **Fax:** 920-531-2098

The Wolf River Area Healthcare Foundation is a non-profit 501c(3) organization supporting New London Family Medical Center.