



Supporting the Nurses Who Make Surgery Safe

Steps to Health Challenge Team Sponsorships

Team Member Name _____ Team Name _____

Address _____ City/State/Zip _____

Telephone _____ E-Mail _____

Enter your sponsor information below:

	Name and Address of Sponsor	Amount Donated	Check # or Cash
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Please send your sheet with your cash or check donations to your Team Captain. Team Captains must **mail all checks and cash no later than March 15, 2017**. If you are unable to do so, please contact Susy Waterbury at swaterbury@aorn.org or 303-368-6278.

AORN Foundation
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