## **Expressions of Gratitude**

Whether you are grateful for the personal care you received, the care of a loved one, or if you are simply inspired by others' stories, there is no better way to express your gratitude than with a gift that will have a lasting benefit in the lives of the individuals and families who need us most.

Gift Information:
Enclosed is my check for \$made payable to Advocate Charitable Foundation.  To make your gift via credit card, please visit our gratitude webpage at aah.org/gratitude.
□ I wish to make my gift anonymously.
Please direct my gift to:
Advocate hospital or site of care:
Specific program or service:
This gift is made: ☐ in memory of ☐ in honor of Name:
Please notify the following of my honor/memorial gift:
Name(s): Relationship to honoree:
Address:
City: State: ZIP:
Donor Information:
Name(s):
Address:
City: State: ZIP:
Phone: □ Cell □ Home □ Work
Email address:
☐ I would like to receive email updates from Advocate Charitable Foundation about events, impacts and more.

Please send the completed form with your check to:

Advocate Charitable Foundation Gift Processing Center 2025 Windsor Drive | Oak Brook, IL 60523

