



# Advocate Health Care® Charitable Foundation

We are  AdvocateAuroraHealth

Charitable gifts help make care more accessible, more advanced, more comprehensive and more compassionate for individuals, families and communities across Chicagoland. Thank you for your support.

## Gift Information:

Enclosed is my check for \$ \_\_\_\_\_ made payable to Advocate Charitable Foundation.

To make your gift via credit card, please visit our secure giving page at: <https://www.advocateaurorahealth.org/donate>

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  
3075 Highland Parkway, Suite 600 | Downers Grove, IL 60515

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