Advocate Health Care[®] Charitable Foundation

DIY Fundraising

Donor Information	:
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Enclosed is my check for \$made payable to Advocate Charitable Foundation. To make your gift via credit card, please visit our gratitude webpage at: donate.aahgiving.org/diy				
 I wish to make my gift anonymously. I would like to be recognized as follows on the fundraising webpage: 				
Address:				
City:	State:	ZIP:		
Phone:	Home Work			
Email address:				
□ I would like to receive email updates from Advocate Charitable Foundation about events, impacts and more.				
DIY Participant (fundraiser):				
My gift is in support of (individual participant name): _				
My gift is in support of (team name):				

Matching Gifts:

You may be able to have your gift matched dollar for dollar by your employer. Check with your company's human resource department and rquest a matching gift form to complete. Include the completed form with your gift and double or maybe even triple the impact.

Please send the completed form with your check to:

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

Foundation Use Only:				
Appeal: DIY	Package: DBC	DIY Type:		
Fund #:	Const. ID:	Support of:		