

DIY Fundraising

Donor Information:		
Enclosed is my check for \$ To make your gift via credit card, please visit ou		
\square I wish to make my gift anonymously.		
\square I would like to be recognized as follows on th	ne fundraising webpage:	
Name(s):		
Address:		
City:	State:	ZIP:
Phone:	_ □ Cell □ Home □ Woi	rk
Email address:		_
☐ I would like to receive email updates from A	dvocate Charitable Foundatio	n about events, impacts and more.
DIY Participant (fundraiser):		
\square My gift is in support of (individual participan	it name):	
☐ My gift is in support of (team name):		
Matching Gifts:		
You may be able to have your gift matched doll		
resource department and rquest a matching gif	π form to complete. Include th	ne completed form with your gift and

Please send the completed form with your check to:

double or maybe even triple the impact. Visit aah.org/matchgifts to learn more.

Advocate Charitable Foundation 2025 Windsor Drive Oak Brook, IL 60523

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