Aurora Health Care Foundation

DIY Fundraising

Donor Information:

Enclosed is my check for $_____made payable to Aurora Health Care Foundation.
To make your gift via credit card, please visit: **donate.aahgiving.org/auroradiy**

☐ I wish to make my gift anonymously.

☐ I would like to be recognized as follows on the fundraising webpage: _____

Name(s): _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone: _____ ☐ Cell ☐ Home ☐ Work

Email address: _____

☐ I would like to receive email updates from Aurora Health Care 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:

Aurora Health Care Foundation | Gift Processing Center | 2025 Windsor Drive | Oak Brook, IL 60523

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