

DIY Participant:

Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

 Phone: _____ ☐ Cell ☐ Home ☐ Work

Email address: _____

Fundraiser Type:
☐ Athletic Event ☐ Create Your Own ☐ Special Occasion ☐ Memorial

Fundraiser Name: _____

The gifts listed below were collected by the DIY fundraiser and are being submitted with each respective donor to receive credit for their gift. Any cash gifts have been converted to check by the DIY fundraiser. If a list of donors is provided along with their contact information they will also be acknowledged and receipted for their gift.

Donor Name (as it appears on check)	Gift Amount	Check #

Please send the completed form with checks made payable to Aurora Health Care Foundation 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: