



**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](https://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 request a matching gift form to complete. Include the completed form with your gift and double or maybe even triple the impact.

Visit: <https://www.advocatehealth.org/foundations/advocate-aurora/ways-to-give#matching> to learn more.

**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: