



# Advocate Health Care® Charitable Foundation

We are  AdvocateAuroraHealth

Charitable gifts help make care more accessible, more advanced, more comprehensive and more compassionate for individuals, families and communities across Chicagoland. Thank you for support.

## Gift Information:

Enclosed is my check for \$ \_\_\_\_\_ made payable to Advocate Charitable Foundation.  
*To make your gift via credit card, please visit our secure giving page at [advocategiving.org/donate-now](https://advocategiving.org/donate-now).*

I wish to make my gift anonymously.

## Please direct my gift to:

Advocate hospital or site of care: \_\_\_\_\_

Specific program or service: \_\_\_\_\_

**This gift is made:**  in memory of  in honor of Name: \_\_\_\_\_

*Please notify the following of my honor/memorial gift:*

Name(s): \_\_\_\_\_ Relationship to honoree: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

## Donor Information:

Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_  Cell  Home  Work

Email address: \_\_\_\_\_

I would like to receive email updates from Advocate Charitable Foundation about events, impacts and more.

## Please send the completed form with your check to:

Advocate Charitable Foundation  
Gift Processing Center  
3075 Highland Parkway, Suite 600 | Downers Grove, IL 60515

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