

At the Center of it all

Investing in the **health** and **wellness** of people with **Down syndrome**

Adult Down Syndrome Center

Gift Information:

Enclosed is my check in support of the Adult Down Syndrome Center's At the Center of it all campaign (made payable to Advocate Charitable Foundation) for \$_____.

I wish to make my gift anonymously.

To make your one-time gift or to become a monthly donor via credit card, please visit advocategiving.org/adsc.

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 events, impacts and more.

Please send the completed form with your check to:

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

