



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

Gift Information:

Enclosed is my check for \$_____ made payable to Advocate Charitable Foundation.

To make your gift via credit card, please visit our giving page at: aah.org/donate

☐ 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: _____

☐ 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 | 2025 Windsor Drive | Oak Brook, IL 60523

UNSL MAIL

July 2024