

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

Gift Information:
Enclosed is my check for \$made payable to Aurora Health Care Foundation. To make your gift via credit card, please visit our secure page at: https://www.advocateaurorahealth.org/donate
□ I wish to make my gift anonymously.
Please direct my gift to:
Aurora hospital or site of care:
Specific program or service:
This gift is made: □ in memory of □ in honor of Name:
rieuse notify the following of thy 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 Aurora Health Care Foundation about events, impacts and more.
Please send the completed form with your check to:

Aurora Health Care Foundation | Gift Processing Center | 2025 Windsor Drive | Oak Brook, IL 60523