

# DIY Fundraising

## Donor Information:

Enclosed is my check for \$ \_\_\_\_\_ made payable to Advocate Charitable Foundation.  
To make your gift via credit card, please visit our gratitude webpage at: [donate.aahgiving.org/diy](https://donate.aahgiving.org/diy)

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 Advocate Charitable 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 [aah.org/matchgifts](https://aah.org/matchgifts) to learn more.

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

Advocate Charitable Foundation  
Dept 21058  
PO Box 4556 | Chicago, IL 60680

 Advocate Health Care<sup>®</sup>  
Charitable Foundation

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