DIY Fundraising

DIY Participant:				
Name:				
Address:				
City:	State:	ZIP:	:	
Phone: Cell				
Email address:				
Fundraiser Type:				
☐ Athletic Event ☐ Create Your Own ☐ Special Occasion ☐ Memorial				
Fundraiser Name:				
The gifts listed below were collected by the DIY fundraiser and are being submitted with each respective donor to receive credit for their gift. Any cash gifts have been converted to check by the DIY fundraiser. If a list of donors is				
provided along with their contact information they will also be acknowledged and receipted for their gift.				
Donor Name (as it appears on check)		Gift Amount	Check #	
Please send the completed form with checks made paya	hle to			
Advocate Charitable Foundation to:				



Now part of ADVOCATEHEALTH

Dept 21058

Advocate Charitable Foundation

PO Box 4556 | Chicago, IL 60680