



Name _____

Address _____

City _____ State _____ ZIP _____

Phone _____ Email _____

I would like to make this donation anonymously.

Every gift of \$45 helps another family enjoy a Thanksgiving meal in their own home. Please make your gift of \$45, \$90, \$135 or any amount to help as many families as you can.

Choose the amount of your tax-deductible donation:

- \$45 (1 family) \$450 (10 families)
- \$90 (2 families) \$1,000
- \$135 (3 families) My best gift: \$ _____

My/our gift is:

- in honor of _____
- in memory of _____

Please notify the following of my gift:

Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

For more information, please contact Sarah Katsandonis at sarah.katsandonis@aah.org.

Please mail your check payable to Aurora Health Care Foundation with the completed form to:
Aurora Health Care Foundation Gift Processing Center | Dept 7738074 | PO Box 806163 | Chicago, IL 60680

Your gift will be processed at our central facility, Aurora Health Care Foundation Processing Center. One hundred percent of your gift will benefit Aurora Family Service to the extent allowed by law.



We are Advocate Aurora Health

