

HOPE SHINING BLUE

Supporting Survivors of Sexual and Domestic Violence

Gift Information:

Enclosed is my check (made payable to Aurora Health Care Foundation) in support of Aurora Healing and Advocacy Services for \$_____.

I wish to make my gift anonymously.

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 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
3075 Highland Parkway, Ste 600 | Downers Grove, IL 60515