



Supporting Families in Our Community

Online and mail-in giving options available

For more than 60 years, ADVOCAP has worked alongside individuals and families across Fond du Lac, Green Lake, and Winnebago Counties as the region’s Community Action Agency, helping our neighbors build stability and pathways toward self-sufficiency.

For many families, stability can shift quickly – an unexpected car repair, a sudden health issue, or a gap in childcare can create a ripple effect that is difficult to navigate alone. ADVOCAP connects individuals and families with resources and services across key areas including basic needs, housing stability, nutrition access, childhood development, workforce opportunities, and volunteer engagement.

Every day, individuals across our communities are working toward greater stability for themselves and their families. Local support helps ensure programs and services remain accessible when neighbors need them most.

This work is made possible through the support of local giving. Gifts of all sizes help strengthen programs, expand opportunities, and support services that respond to changing community needs throughout the year.

Donations may be made securely online using a credit or debit card, or by mail. If donating via check, please complete the information at the bottom of this page and include it with your mailed gift.

Learn more about ADVOCAP programs and services at www.advocap.org.



Scan code to
donate online!

If donating by mail, please complete the information below and mail form along with gift to ADVOCAP, 19 W. 1st Street, Fond du Lac WI 54935. Checks payable to ADVOCAP, Inc.

Donor information

Name: _____
Street: _____
City: _____ State: _____ Zip: _____
Email: _____
Phone number: (____) _____ - _____

Recognition preferences (please select one)

- List my name in public donor materials
- Keep my gift anonymous (no public listing)

All donors receive a receipt and thank you.

Gift commitment

Total pledge amount: _____

Gift schedule (please select one)

- 60 for 60 Club Member: \$ 25 /month for 12 months
- Monthly payments: \$ _____ /month for _____ months
- Annual payments: \$ _____ /year for _____ years
- One-time payment: \$ _____

- My employer matches charitable gifts.

Employer name: _____

Donor signature: _____