

# Ascension Genesys Foundation Donation Form

Enclosed is my donation of \$ \_\_\_\_\_ Date: \_\_\_\_\_

(Please make your check payable to: Ascension Genesys Foundation)

See back of form  
for a complete list  
of available funds

Please direct my gift as I have indicated below:

(If no fund specified, gift will go to "greatest need of clinical technology and equipment")

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Emergency Services             | <input type="checkbox"/> Ascension Genesys Heart Institute (Cardiology) | <input type="checkbox"/> Neurosciences (Stroke)            |
| <input type="checkbox"/> Dale A. Thompson Oncology Fund | <input type="checkbox"/> Women & Children's Health                      | <input type="checkbox"/> Medical Education - Greatest Need |
| <input type="checkbox"/> Nursing Education              | <input type="checkbox"/> Community Wellness                             | <input type="checkbox"/> Patient Assistance Fund           |
| <input type="checkbox"/> Cancer Patient Support Fund    | <input type="checkbox"/> Hospice - Patient & Family Support             | <input type="checkbox"/> Genesys Sanctuary Garden          |
| <input type="checkbox"/> Spiritual Care Fund            | <input type="checkbox"/> Other: _____                                   |  |

Company Name: \_\_\_\_\_

Your Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State: \_\_\_\_\_

Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

To make an online credit card donation, use the QR code below or visit our secure website at [ascensiongenesysfoundationmi.org/donate](http://ascensiongenesysfoundationmi.org/donate)

For your security, only submit credit card information in writing when submitting this form by mail.



Visa, MasterCard, Discover and American Express accepted

CC#: \_\_\_\_\_

Security Code: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Name on card: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City/State: \_\_\_\_\_

Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature: \_\_\_\_\_

## This gift is a tribute:

In memory of: \_\_\_\_\_

In honor/support of: \_\_\_\_\_

Send a tribute card to: (indicate spouse, parent, etc.)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Please print form and mail to:

Ascension Genesys Foundation  
1 Genesys Parkway



Your contribution may be tax deductible. Consult with your tax advisor. For more information on giving opportunities, please call **810-606-6278** or email: [ryan.bladzick@ascension.org](mailto:ryan.bladzick@ascension.org).

# Ascension Genesys Foundation Funds

Emergency Medicine

Ascension Genesys Heart Institute - Cardiology

Women & Children's Health

Neurosciences - Stroke

Rehabilitation

Phillip & Fern M. Rhodes Behavioral Health Fund

Dale A. Thompson Oncology Fund

Medical Education - Greatest Need

Emergency Medicine Residency

Family Medicine Residency

Gastroenterology Fellowship

Internal Medicine Residency

Obstetrics/Gynecology Residency

Orthopedic Surgery Residency

Podiatry Residency

Surgery Residency

Nursing Education Fund

Community Wellness Fund – Greatest Need

Diabetes & Nutrition Education Fund

Parkinson's Disease Exercise Program Fund

Associate Hardship Fund

Breast Cancer Patient Support Fund

Genesys Sanctuary Garden Fund

Hospice Patient & Family Support Fund

Hospice Children's Bereavement Fund

Patient Assistance Fund

Cancer Patient Support Fund

Spiritual Care Fund

***Thank you for supporting Ascension Genesys Hospital,  
entities and programs.***

For more information on additional giving opportunities such as living wills, estate planning, etc,  
please call Ryan Bladzick at **810-606-6278** or email: **[ryan.bladzick@ascension.org](mailto:ryan.bladzick@ascension.org)**.



**Ascension Genesys  
Foundation**