

ASCENSION PROVIDENCE ROCHESTER FOUNDATION DONATION FORM

Enclosed is my donation of \$ _____ (Please make your check payable to: Ascension Providence Rochester Foundation) Date: _____

Please direct my gift as I have indicated below: **(If no selection is made, your gift will support the Caregiver Support fund)**

Ascension Fund (Area of Greatest Need)

Caregiver Support Fund

Employee Unlimited Potential Fund

Mental Wellness Patient Fund

Community Health & Education Fund

Patient Help (for patients in need) Fund

Other: Restrict my gift to the following department or purpose (provide details in box below)

Company Name: _____

Your Name: _____

Address: _____

City/State: _____ Zip Code: _____

Email: _____

Phone: _____

This gift is a tribute:

In memory of: _____

In honor/support of: _____

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

Name: _____

Address: _____

City/State: _____ Zip Code: _____

To make an online credit card donation, please visit our secure website at <https://ascensionrochesterfoundation.org/donate>.

Credit card gift made online. **For your security, only submit credit card information in writing when submitting this form by mail.**

Please charge my credit card: Visa MasterCard Discover American Express

Check One: Company Card Personal Card

CC#: _____ Security Code: _____ Exp. Date: _____

Name of Card Holder: _____ Billing Address: _____

Signature: _____ City/State/Zip: _____

Ascension Providence Rochester Foundation coordinates support for Ascension Providence Rochester hospitals, entities and programs. Your contribution may be tax-deductible. Consult with your tax advisor. For more information on giving opportunities, please call 248-465-4511 or email: heidi.crisman@ascension.org.

Please print form and mail to:

Ascension Providence Rochester Foundation
1101 West University Drive
Rochester, MI 48307