



# Associate Giving Check Form

## Step 1: My Information

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number \_\_\_\_\_ (Circle One) Cell / Home / Work

Email Address \_\_\_\_\_ (Circle One) Personal / Work

Ascension Work Location \_\_\_\_\_ Job Type (Circle One) Associate / Leader / Provider

Employee ID# \_\_\_\_\_ Department \_\_\_\_\_

I am an employee of (Circle One if applicable) R1 / MedXcel / Touchpoint / TriMedx

## Step 2: Contribution

C. Check # \_\_\_\_\_ Make check payable to Ascension Wisconsin Foundation. \$ \_\_\_\_\_

**TOTAL GIFT**

\$ \_\_\_\_\_

## Step 3: My Gift Designation (see back/next page for fund codes)

Please list funding choices below (3 maximum):

Fund Code \_\_\_\_\_ Amount \$ \_\_\_\_\_

Fund Code \_\_\_\_\_ Amount \$ \_\_\_\_\_

Fund Code \_\_\_\_\_ Amount \$ \_\_\_\_\_

**TOTAL GIFT**

(should match Section 2 Total)

\$ \_\_\_\_\_

## Step 4: My Signature

☐ Recognition of contribution \_\_\_\_\_ ☐ I prefer my support remain anonymous  
(please print as you would like names to appear; i.e., John & Jane Donor)

Associate signature (required) \_\_\_\_\_ Date \_\_\_\_\_

**Return completed form and check via US or Interoffice mail:**

Ascension Wisconsin Foundation  
2320 N. Lake Drive  
Milwaukee, WI 53211

### QUESTIONS?

Call – (414) 585-4900  
Email – giveAWF@ascension.org

# ASCENSION WISCONSIN FOUNDATION FUNDS

If the fund you wish to give to is not listed, please write the fund name on the pledge form as the fund code and we will direct your donation accordingly.

## **GREATER MILWAUKEE AREA**

60002-999901	Ascension Wisconsin Foundation
	Greatest Needs
60002-600006	Associate Support
60002-600005	Behavioral Health
60002-600001	Cancer Care
60002-600002	Cardiovascular Health
60002-600004	Community Services
60002-600003	Women and Families

## **COLUMBIA ST. MARY'S – MILWAUKEE**

60002-273806	Greatest Needs
60002-273602	Associate Support
60002-265201	Cancer Care
60002-265701	Cardiovascular Health
60002-273201	Community Services
60002-268904	Neonatal Intensive Care Unit
60002-268901	Women's Health

## **COLUMBIA ST. MARY'S – OZAUKEE**

60002-273807	Greatest Needs
60002-273602	Associate Support
60002-265202	Cancer Care
60002-265702	Cardiovascular Health

## **ELMBROOK**

74022-007063	Greatest Needs
74024-006531	Associate Support
74022-006530	Cancer Care
74022-006514	Cardiovascular Health
74022-006511	Women and Infants

## **FRANKLIN**

74023-006600	Greatest Needs
74024-006531	Associate Support

## **ST. FRANCIS**

74023-007012	Greatest Needs
74024-006531	Associate Support
74023-007001	Cancer Care
74023-006250	Greg Rose Cardiac Care
74023-007009	Behavioral Health
74023-007006	Women and Infants

## **ST. JOSEPH**

74024-007062	Greatest Needs
74024-006531	Associate Support
74024-006178	Behavioral Health
74024-006514	Cardiovascular Health
74024-006534	Neonatal Intensive Care Unit
74024-006700	Safe Place for Newborns
74024-006535	Women's Outpatient Center