

# 2020 Associate Giving Pledge Form

R1, MedXcel, Touchpoint or TriMedX Employees



## 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 Location (Circle One) Calumet / Mercy / St. Elizabeth / AMG 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: My Pledge

**This is NOT a payroll deduction. As an employee of R1, MedXcel, Touchpoint or TriMedX, choose from credit card, check or bill me options below.**

- Guiding Light \$220 per pay period (\$5,060/yr) \$ \_\_\_\_\_ x 23 pay periods = \$ \_\_\_\_\_
- Healing Heart \$110 per pay period (\$2,530/yr) \$ \_\_\_\_\_ x 23 pay periods = \$ \_\_\_\_\_
- Generous Spirit \$50 per pay period (\$1,150/yr) \$ \_\_\_\_\_ x 23 pay periods = \$ \_\_\_\_\_
- Helping Hand \$25 per pay period (\$575/yr) \$ \_\_\_\_\_ x 23 pay periods = \$ \_\_\_\_\_
- Giving Friend \$12 per pay period (\$276/yr) \$ \_\_\_\_\_ x 23 pay periods = \$ \_\_\_\_\_
- Other Dollar amount/pay period \$ \_\_\_\_\_ x 23 pay periods = \$ \_\_\_\_\_
- One-time deduction \$ \_\_\_\_\_ x 1 pay period = \$ \_\_\_\_\_

**A. Credit Card**  Visa  MasterCard  Discover  American Express

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

Exp date \_\_\_\_\_  One Time or  Recurring monthly for 12 months \$ \_\_\_\_\_

**B. Check #** \_\_\_\_\_ *Make check payable to the foundation in which you are donating.* \$ \_\_\_\_\_

*Write separate checks if donating to multiple entities.*

**C. Bill Me!** *Send me a pledge reminder in January 2021 with the following amount listed.* \$ \_\_\_\_\_

**TOTAL ASCENSION PLEDGE/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 ASCENSION PLEDGE/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 \_\_\_\_\_

Scan and send form to either [MHF@ascension.org](mailto:MHF@ascension.org) or [SEHF@ascension.org](mailto:SEHF@ascension.org) or see mailing options on back for checks/forms.

### **Mailing options for check and pledge forms**

**Option 1** - mail the pledge form and check to the foundation at one of the address below:

Mercy Health Foundation, 500 S. Oakwood Rd., Oshkosh, WI 54904

St. Elizabeth Hospital Foundation, 1506 S. Oneida St., Appleton, WI 54915

**Option 2** - place your pledge form and check in a sealed envelope, interoffice it to the Foundation

**Option 3** - place your pledge form and check in a sealed envelope, slip it under the Foundation door.

## **ASCENSION FOUNDATION FUNDS**

If the fund you wish 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.

### **MERCY HEALTH FOUNDATION FUNDS**

#### **Serving Ascension Mercy Hospital and Ascension Medical Group Oshkosh**

71102-501300 Priority Hospital Projects Fund (Greatest Need)  
71102-501100 AMG South Clinics Fund  
71102-503351 Behavioral Health Fund  
71102-503101 Cancer Fund  
71102-503401 Children's Health Fund  
71102-206400 Fitness for the Physically Challenged Program (includes PEACE Program)  
71102-508401 Heart and Lung Fund  
71102-513350 Needs of the Poor and Underserved Fund  
71102-521100 The Oasis Hair Studio Fund  
71102-518301 Physical and Cardiac Rehabilitation Fund  
71102-501200 Project SEARCH Fund  
71102-518200 Reach Out and Read Fund  
71102-518302 Staying Alive Cardiac Campaign  
71102-523801 Women's and Children's Services Fund

### **ST. ELIZABETH HOSPITAL FOUNDATION FUNDS**

#### **Serving Ascension Calumet Hospital, Ascension St. Elizabeth Hospital and Ascension Medical Group Fox Cities and Calumet**

71101-051621 Priority Hospital Projects Fund (Greatest Need)  
71101-050125 AMG Appleton/Fox Valley & Calumet Clinics Fund  
71101-050308 Ascension Calumet Hospital Fund  
71101-050570 Associate Basic Needs Fund  
71101-050310 Cancer Fund  
71101-051938 Child and Adolescent Behavioral Health Fund  
71101-051623 Community Benefit Fund  
71101-020690 Flannigan Fund for OR & ER  
71101-021550 Grant Richman Random Acts of Kindness (Calumet)  
71101-050830 Heart & Lung Center and Rehabilitation Fund  
71101-050840 Joy Hair Studio Fund  
71101-050890 Needs of the Poor and Underserved Fund  
71101-051900 Nursing Education Fund  
71101-051620 Project SEARCH Fund  
71101-051935 SEH Adult Behavioral Health Fund  
71101-051850 St. Elizabeth Hospital Clinics Reach Out & Read Fund  
71101-052380 Women and Families Fund