



Ascension St. Elizabeth Hospital Foundation Check Donation Form

Donor Information

Name: _____

Address: _____

City, ST, Zip: _____

Email: _____

Phone: _____

Check which applies: Associate Leader Physician

Check if associate of: MedXcel R1 TriMedx TouchPoint

Donation

Check # _____ Total Donation: \$ _____

Make check payable to Ascension St. Elizabeth Hospital Foundation.

Gift Designation

Please see back/next page for fund codes.

List funding choices below, maximum of 3:

Fund Code: _____ Amount: \$ _____

Fund Code: _____ Amount: \$ _____

Fund Code: _____ Amount: \$ _____

Total Gift Designation: \$ _____

Total Designation should match Total Donation.

Return Completed form and check via US or Interoffice mail:

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

Questions?

Phone - (920) 831-1475
Email - SEHF@ascension.org

Prefer to give online? Visit www.ascension.org/giveSEHF to make a one-time or monthly credit card gift.



Ascension St. Elizabeth Hospital Foundation Funds

71101-051621	Greatest Needs
71101-051935	Adult and Behavioral Health Unit
71101-050125	AMG Northern Region
71101-050570	Associate Basic Needs
71101-050120	Home Hospice
71101-050308	Calumet Medical Center
71101-050310	Cancer Care
71101-051938	Child and Adolescent Behavioral Health
71101-051623	Community Benefit
71101-021550	Grant Richman Random Acts of Kindness
71101-050830	Heart and Lung
71101-050840	Joy Hair Studio
71101-050890	Needs of the Poor and Underserved
71101-051900	Nursing
71101-070010	Palliative Care
71101-051620	Project SEARCH
71101-051850	Reach Out and Read
71101-052380	Women and Families