



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

**QUESTIONS?**  
Call – (920) 831-1475  
Email – SEHF@ascension.org

## **ASCENSION ST. ELIZABETH HOSPITAL 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.

- 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