FOUNDATIONS Mail/Fax Donation Form

Enclosed is my contribution of $_____ ***(Please make checks payable to Ascension St. John and Providence Foundations)*** Date:_____

You may select the hospital, entity and/or area that you wish your gift to be directed. **If no hospital, entity or area is selected, gift will go toward area of greatest need.**

Please direct my gift to the following hospital or entity (optional):

- ☐ Ascension Brighton Center for Recovery
- ☐ Ascension Macomb-Oakland Hospital
- ☐ Ascension Providence Hospital, Novi
- ☐ Ascension Providence Hospital, Southfield
- ☐ Ascension St. John Hospital
- ☐ Ascension River District Hospital
- ☐ Ascension Michigan Community Health
- ☐ Ascension Eastwood Behavioral Health
- ☐ Holley Institute
- ☐ Hospice (Support Fund)

Please direct my gift to the following area: **(If no selection is made, gift will benefit area of greatest need.)**

- ☐ Behavioral Medicine
- ☐ Brighton Patient Extended Care Fund
- ☐ Cancer program (specify pediatric or adult program in "Other" box below)
- ☐ Heart program
- ☐ Infant Mortality Program
- ☐ Neurosciences
- ☐ Pediatrics
- ☐ Pet Therapy (indicate hospital above)
- ☐ Women's Health Services
- ☐ Area of greatest need

☐ 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 _____

Please charge my credit card: ☐ VISA ☐ MasterCard ☐ Discover ☐ American Express Check one: ☐ Corporate Card ☐ Personal Card

Account #_____Security Code:_____Exp. Date: _____

Name of Card Holder:_____ Billing Address: _____

Signature:_____ City/State/Zip:_____

Ascension St. John Foundation and Ascension Providence Foundation coordinate support for Ascension SE Michigan hospitals, entities and programs. Your contribution may be tax-deductible. Consult with your tax advisor. For more information on giving opportunities, please call 313-343-7480.

Please print form and mail or fax.

Mail to: Ascension St. John and Providence Foundations
19251 Mack Ave., Suite 102
Grosse Pointe Woods, Michigan 48236

or Fax to: 313-343-7487

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