

## Spirit of Giving confidential giving form

|                          |                                    |
|--------------------------|------------------------------------|
| Name: _____              | Site: _____                        |
| Address: _____           | Dept. Description: _____           |
| City/State/Zip: _____    | Dept #: _____                      |
| Preferred Phone #: _____ | Email: _____ Associate ID #: _____ |

You are an essential team member at Ascension in Southeast Michigan – thank you for all you do! Your support of this year's giving campaign is vital to our healing Mission. Please return this form to the Foundation by June, 11, 2021. Thank you for your support!

**RECURRING gift** (deduct my contribution starting with the 7/30/2021 paycheck until instructed otherwise)

- |                                      |                                   |                                   |
|--------------------------------------|-----------------------------------|-----------------------------------|
| <input type="checkbox"/> \$30/pay    | <input type="checkbox"/> \$20/pay | <input type="checkbox"/> \$10/pay |
| <input type="checkbox"/> \$25/pay    | <input type="checkbox"/> \$15/pay | <input type="checkbox"/> \$5/pay  |
| <input type="checkbox"/> Other _____ |                                   |                                   |

**Year-long gift** (deduct my contribution starting with the 7/30/2021 paycheck for 25 pay periods)

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> \$30/pay (\$750) | <input type="checkbox"/> \$20/pay (\$500) | <input type="checkbox"/> \$10/pay (\$250) |
| <input type="checkbox"/> \$25/pay (\$625) | <input type="checkbox"/> \$15/pay (\$375) | <input type="checkbox"/> \$5/pay (\$125)  |
| <input type="checkbox"/> Other \$ _____   |   |   |

**One-time payroll deduction** (deduct my contribution from the 7/30/2021 paycheck)

Amount \$ \_\_\_\_\_

**Gift by Check or Credit Card** (select one method)

Check     Credit Card    Amount \$ \_\_\_\_\_

*\*Please make your check payable to: Ascension St. John and Providence Foundations.*

*For credit card processing, please call Michael Palmer at 248-465-5003.*

**GIFT DESIGNATION:** Choose up to 3 funds to support. Make your donation in \$1 increments (e.g., \$10 split two ways = \$5 to each fund or \$10 split three ways = \$3, \$3, \$4).

|                               | Fund #1  | Fund #2  | Fund #3  |                   |
|-------------------------------|----------|----------|----------|-------------------|
| Fund Number                   |          |          |          | Total Gift Amount |
| Amount per Fund (minimum \$1) | \$ _____ | \$ _____ | \$ _____ | \$ _____          |

**Gifts received with no designation will support the Associate Hardship Fund**

I do not want to make a gift at this time.

Please return your Spirit of Giving form through email or interoffice mail by June, 11, 2021, to: michael.palmer1@ascension.org or Site Code 10A, Ascension St. John Foundation, MOB, Suite 102 – Attn: Michael Palmer

X \_\_\_\_\_ DATE \_\_\_\_\_

**SIGNATURE (required to confirm your selections and authorize Ascension St. John and Providence Foundations to deduct your gift)**

**THANK YOU FOR YOUR GENEROSITY!**

# FUNDS YOU CAN SUPPORT

|                  |  |                    |  |
|------------------|--|--------------------|--|
|                  | <b>Ascension Brighton Center for Recovery</b>    |                    | <b>Ascension St. John Hospital</b>                                     |
| 34016-BH2BC8     | A. Viviano Art Therapy                           | 34022-SJ26B3       | Adult Care of the Elderly Fund (ACE)                                   |
| 34016-BH2BA1     | Greatest Need                                    | 34022-SJ2761       | Behavioral Health Fund   |
| 34016-BH2BC9     | Halfway House Capital Campaign                   | 34022-SJ26B6       | Birthing Center  |
| 34016-BH2BB5     | Health Professional Recovery                     | 34022-SJ26B1       | Cardiology Fund  |
| 34016-BH2BA5     | Patient Aftercare Extended Fund                  | 34022-SJ26E5       | Cracchiolo Inpatient Rehabilitation Services Fund                      |
|                  |  | 34022-SJ2774       | DeGraw Family Fund for Pediatrics                                      |
|                  | <b>Ascension Eastwood Behavioral Health</b>      | 34022-SJ2689       | Greatest Need  |
| 34022-BH26A1     | Eastwood Program Support                         | 34022-SJ2687       | Liggett Breast Center Fund   |
| 34016-BH2775     | Eastwood Recovery Center                         | 34022-SJ2PV7       | Mary Ann Van Elslander NICU and Special Care Nursery                   |
|                  |  | 34022-SJ2681       | Meade Family Pediatric Hematology Oncology Fund                        |
|                  | <b>Ascension Macomb-Oakland Hospital</b>         | 34022-SJ2918       | Nothdurft Pediatric Endowment  |
| 34022-MO26C2     | Cardiovascular Services                          | 34022-SJ26B8       | Nursing Support Fund   |
| 34022-MO26C3     | Care of the Older Adult - ACE Unit               | 34022-SJ2758       | Patient Family Housing Program   |
| 34022-MO26C7     | Clothing Closets                                 | 34022-SJ2PV6       | Pediatrics & Pediatric ICU   |
| 34022-MO26GN     | Greatest Need                                    | 34022-SJ26B5       | Pediatric Services Renovation and Expansion                            |
| 34022-MO26C5     | Stroke Project Fund                              | 34022-SJ2705       | Stroke Fund  |
| 34022-ER2PW2 (S) | Therapy Dog Program - East Region (S)            | 34022-SJ2778       | Surgical Services Renovation and Expansion                             |
| 34022-MO2717     | Webber Cancer Center                             | 34022-ER2PW2 (J)   | Therapy Dog Program - East Region (J)                                  |
| 34022-MO2752 (S) | Women's Health Services (S)                      | 34022-SJ2750       | Transplant Fund  |
|                  |  | 34022-SJ2949       | Valade Healing Arts Center Fund  |
|                  | <b>Ascension Providence Hospital, Novi</b>       | 34022-SJ2686       | Van Elslander Cancer Center (VECC) Support Services                    |
| 34016-PS2PB2 (V) | Elliott Breast Care Center (V)                   | 34022-SJ2722 (J)   | Women's Health Services (J)  |
| 34016-PN2PK8     | Greatest Need                                    |                    |  |
| 34016-PN2PH1 (V) | Heart Institute (V)                              |                    | <b>Assistance Programs</b>   |
| 34016-PN2PA9     | Michael and Rose Assarian Cancer Center          | 34022-SY26E2       | Associate Hardship Fund  |
| 34016-WR2PF9 (V) | Neurosurgical Research Fund (V)                  | 34022-SY2PV5       | Because We Care Breast Program   |
| 34016-PN2PD4     | Pastoral Care and Chapel Fund                    | 34016-WR2PA8       | Believe in Miracles Fund   |
| 34016-WR2PW2 (V) | Therapy Dog Program - West Region (V)            | 34022-MO2680       | HOPE* Fund - Ascension Macomb-Oakland Hospital                         |
|                  |  | 34016-PN2748       | HOPE* Fund - Ascension Providence Hospital, Novi                       |
|                  | <b>Ascension Providence Hospital, Southfield</b> | 34016-PS2748       | HOPE* Fund - Ascension Providence Hospital, Sfld                       |
| 34016-PS2PW5     | Alternative Birth Center                         | 34016-RD2748       | HOPE* Fund - Ascension River District Hospital                         |
| 34016-PS2PE5     | Behavioral Medicine - Patient Needs              | 34022-SJ2748       | HOPE* Fund - Ascension St. John Hospital                               |
| 34016-PS2PJ6     | Cancer Institute                                 |                    | *HOPE (Helping Our Patients in Emergencies)                            |
| 34016-PS2710     | Greatest Need                                    | 34016-AH2697       | Hospice Program Support Fund   |
| 34016-PN2PB5 (P) | Healing Arts Center (P)                          | 34022-SJ2678       | Van Elslander Cancer Center Needy Patient Fund                         |
| 34016-PN2PH1 (P) | Heart Institute (P)                              |                    |  |
| 34016-PN2PL7 (P) | Neurosurgical Research Fund (P)                  |                    | <b>Community Benefit Programs</b>                                      |
| 34016-PS2PN6     | NICU Renovation Fund                             | 34022-SY2698       | Anthony L. Soave Family Mobile Mammography and Health Screening Center |
| 34016-PS2PB8     | Nurses Education and Special Needs Fund          |                    |  |
| 34016-PS2PD5     | Pastoral Care and Chapel Fund                    | 34027-514000-85972 | Bridges to HOPE ( <b>Helping Others Prosper through Empowerment</b> )  |
| 34016-WR2PW2 (P) | Therapy Dog Program - West Region (P)            |                    | Christmas Store - Ascension Macomb-Oakland Hospital                    |
|                  |  | 34022-MO2PJ5       | Christmas Store - Ascension Providence Hospital                        |
|                  | <b>Ascension River District Hospital</b>         | 34016-PS2PJ5       | Christmas Store - Ascension St. John Hospital                          |
| 34022-RD2763     | Breast Services - Needy Patient Fund             | 34022-SJ2PJ5       | Healthy Neighborhoods Detroit Initiative                               |
| 34022-RD2688     | Oncology Fund                                    | 34027-514000-85961 | Holley Institute   |
| 34022-ER2PW2 (D) | Therapy Dog Program - East Region (D)            | 34016-BH2BA5       | Infant Mortality Program   |
| 34022-RD2757 (D) | Women's Health Services (D)                      | 34027-514000-66759 | Mobile Health Center (Preventative Heart Screenings)                   |
|                  |  | 34022-SY2704       | Open Arms  |
|                  | <b>COVID-19 Relief Funds</b>                     | 34027-514000-85950 |  |
| 34016-WR2PE4     | Ascension Providence Hospital COVID-19 Fund      |                    | <b>Ascension Southeast Michigan</b>                                    |
| 34022-SJ26E7     | Ascension St. John Hospital COVID-19 Fund        | 34016-SY26GR       | Greatest Need  |
| 34022-MO2691     | Ascension Macomb-Oakland Hospital COVID-19 Fund  |                    |  |
| 34022-RD2676     | Ascension River District Hospital COVID-19 Fund  |                    |  |

If you have questions or want to support a fund not listed, please contact:  
 Heidi Crisman at 248-465-4511 / [heidi.crisman@ascension.org](mailto:heidi.crisman@ascension.org) or  
 Michael Palmer at 313-343-7579 / [michael.palmer1@ascension.org](mailto:michael.palmer1@ascension.org) at the Foundation

**EMPLOYEE CONFIDENTIALITY:** Your response on your giving form is not shared with anyone outside of the Foundation.

**NOTE:** Your gift is tax deductible as allowable by IRS guidelines.

**THANK YOU FOR YOUR GENEROSITY!**

SOG\_-2021