

Spirit of Giving confidential giving form

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

You're an essential physician 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"/> \$50/pay | <input type="checkbox"/> \$30/pay | <input type="checkbox"/> \$15/pay |
| <input type="checkbox"/> \$40/pay | <input type="checkbox"/> \$25/pay | <input type="checkbox"/> \$10/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"/> \$50/pay (\$1,250) | <input type="checkbox"/> \$30/pay (\$750) | <input type="checkbox"/> \$15/pay (\$375) |
| <input type="checkbox"/> \$40/pay (\$1,000) | <input type="checkbox"/> \$25/pay (\$625) | <input type="checkbox"/> \$10/pay (\$250) |
| <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

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

Michael Palmer at 313-343-7579 / 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!

SOGP-2021