

## Part 1 - My Information

Name: \_\_\_\_\_ Associate ID #: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

I am an associate of:  Ascension  R1  MedXcel  Touchpoint  TriMedx  Other: \_\_\_\_\_

Select which best describes your role?  Associate  Leader  Physician

## Part 2 - My Donation

**A. Payroll Deduction** - Available for Ascension associates only. Select one of the payroll deduction options below:  
I authorize Ascension to deduct my pledge as follows (deductions begin first pay period January, 2025).

**Ongoing** - Set it and forget it! Donations are deducted every pay period until you cancel it.

\$ \_\_\_\_\_ per pay period

**Annual** - Donation deducted every pay period in 2025

Mission Champion \$100 per pay period x 26 pay periods = \$2,600

Mission Advocate \$50 per pay period x 26 pay periods = \$1,300

Mission Supporter \$25 per pay period x 26 pay periods = \$650

Mission Partner \$10 per pay period x 26 pay periods = \$260

Mission Friend \$5 per pay period x 26 pay periods = \$130

Other Amount \$ \_\_\_\_\_ per pay period x 26 pay periods = \$ \_\_\_\_\_

**One Time** - Single deduction from first pay period of January, 2025.

\$ \_\_\_\_\_ x 1 pay period = \$ \_\_\_\_\_

**B. Check enclosed** - Please make check payable to Ascension Wisconsin Foundation

Check # \_\_\_\_\_ Amount: \$ \_\_\_\_\_

**C. One Time Credit Card Donation** - To make an ongoing credit card donation, please visit [givemissionpossible.org/donate](http://givemissionpossible.org/donate)  
One-Time Amount of: \$ \_\_\_\_\_

Card# \_\_\_\_\_ Exp. Date: \_\_\_\_\_

**TOTAL PLEDGE/GIFT**  
(Leave blank if ongoing)

\$ \_\_\_\_\_

## Part 3 - My Gift Designation (see back for fund codes)

Please share the amount per pay period or amount for a one-time donation.

Fund Code: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Fund Code: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Fund Code: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

**TOTAL PLEDGE/GIFT**  
(Leave blank if ongoing)

\$ \_\_\_\_\_

## Part 4 - Signature

Recognition of donation: \_\_\_\_\_  I prefer to remain anonymous  
(Please print as you would like name(s) to appear; i.e. John & Jane Donor)

Associate Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# ASCENSION WISCONSIN FOUNDATION

## FUND OPTIONS

*If your preferred fund is not listed, please feel free to write it in.*

### **Ascension Wisconsin**

60002-999901 - Ascension Wisconsin Greatest Needs  
60002-600006 - Associate Hardship  
60002-600005 - Behavioral Health  
60002-600001 - Cancer Care  
60002-600004 - Community Services  
60002-600002 - Heart Care  
60002-600008 - Neurosciences  
60002-006700 - Safe Place for Newborns  
60002-273407 - Sexual Assault Nurse Examiner (SANE)  
60002-600003 - Women & Family Health

### **All Saints**

60002-006601 - All Saints Greatest Needs  
60002-006210 - Associate Education  
60002-006528 - Cancer Care  
60002-006515 - Emergency Care  
60002-006118 - Heart Care  
60002-006538 - Patient Assistance  
60002-006532 - Neonatal Intensive Care Unit (NICU)  
60002-006509 - Women & Family Health  
60002-007038 - Women of Worth

### **Calumet**

60002-050308 - Calumet Greatest Needs

### **Columbia St. Mary's - Milwaukee**

60002-273806 - CSM-Milwaukee Greatest Needs  
60002-273405 - Associate Education  
60002-265201 - Cancer Care  
60002-266401 - Emergency Care  
60002-265701 - Heart Care  
60002-268904 - Neonatal Intensive Care Unit (NICU)  
60002-002922 - Patient Assistance  
60002-265001 - Regional Burn Center  
60002-268901 - Women & Family Health

### **Columbia St. Mary's - Ozaukee**

60002-273807 - CSM-Ozaukee Greatest Needs  
60002-265202 - Cancer Care  
60002-265702 - Heart Care  
60002-268701 - Sacred Heart Rehabilitation Institute  
60002-280004 - Women & Family Health

### **Elmbrook**

60002-007063 - Elmbrook Greatest Needs  
60002-007009 - Associate Education  
60002-006530 - Cancer Care  
60002-006516 - Emergency Care  
60002-006513 - Heart Care  
60002-006584 - Patient Assistance  
60002-006556 - Surgical Services  
60002-006511 - Women & Family Health

### **Franklin**

60002-006600 - Franklin Greatest Needs  
60002-007047 - Associate Education  
60002-006610 - Emergency Care

### **Mercy**

60002-501300 - Mercy Greatest Needs  
60002-305500 - Associate Education  
60002-203351 - Behavioral Health  
60002-503102 - Cancer Care  
60002-508401 - Heart Care  
60002-513350 - Patient Assistance

### **St. Elizabeth**

60002-051621 - St. Elizabeth Greatest Needs  
60002-051900 - Associate Education  
60002-051935 - Behavioral Health  
60002-050310 - Cancer Care  
60002-050830 - Heart Care  
60002-021150 - Neonatal Intensive Care (NICU)  
60002-021903 - Patient Assistance  
60002-052380 - Women & Family Health

### **St. Francis**

60002-007012 - St. Francis Greatest Needs  
60002-007008 - Associate Education  
60002-007002 - Behavioral Health  
60002-007016 - Emergency Care  
60002-006275 - Neurological Care  
60002-006278 - Patient Assistance  
60002-007001 - Reiman Cancer Care

### **St. Joseph**

60002-006291 - St. Joseph Greatest Needs  
60002-006392 - Associate Education  
60002-006517 - Emergency Care  
60002-006534 - Neonatal Intensive Care (NICU)  
60002-006291 - Patient Assistance  
60002-005638 - Women & Family Health  
60002-006535 - Women's Outpatient Center

### **Mayfair Road (Wauwatosa)**

60002-006270 - Mayfair Road Greatest Needs

### **Community Services**

60002-006266 - Angel of Hope Clinic  
60002-273208 - Blanket of Love  
60002-006542 - Family Care Center  
60002-273207 - Seton Dental Clinic  
60002-273220 - Smart Smiles  
60002-273209 - St. Ben's Clinic