

Donor Information

Please say thanks to my Aspirus Hero by directing my charitable gift of \$ _____ to advance the health and health services of programs, education and research initiatives in hospice, trauma, pediatrics, cardiac, cancer, women's health and other health services. I understand that my gift is tax-deductible to the extent allowed by law.

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

☐ Enclosed is my check, payable to the Aspirus Health Foundation

☐ Please charge my ☐ Visa ☐ MasterCard ☐ Discover

Card Number _____ Exp. Date _____ Signature _____ CSC Code* _____

*3 or 4 digit code found on the back of card used to protect from fraud

My Aspirus Hero is:

(IF KNOWN INCLUDE TITLE, OFFICE/DEPARTMENT/HOSPITAL FLOOR)

I would like to honor my Aspirus hero for: _____

(PLEASE WRITE YOUR STORY HERE. IF YOU NEED MORE ROOM ATTACH ADDITIONAL PAPER.)

Please fill out this form and send to:
Aspirus Health Foundation
425 Pine Ridge Boulevard
Wausau, WI 54401

ASPIRUS Hero



ASPIRUS™
HEALTH
FOUNDATION

Passion for excellence. Compassion for people.