

together as



Employee & Provider  
Giving Campaign

Employee Name: \_\_\_\_\_

Employee Number: \_\_\_\_\_

Preferred Email: \_\_\_\_\_

**Campaign Deadline: March 31, 2024**

Give or pledge online at: [aspirus.org/employeegiving](http://aspirus.org/employeegiving)

**Every Dollar Makes a Difference! Give from the Heart.**

**Thank you!**

**STEP 1: Give Your Way: Choose the area you want to support**

See back of form for a list of funds to support or write in the area you want to support.

Specific Fund Choice(s)	Per Pay Period	Total Gift Amount
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
<b>OTHER:</b> _____	\$ _____	\$ _____

**STEP 2: Choose your payment option and sign:**

- Recurring Payroll Deduction - Continue my gift until I change or opt out
- Payroll deduction for One Year (26 pay periods only)
- One-time payroll deduction (Total gift amount)
- Cash or Check (checks made payable to the Aspirus Health Foundation or independent foundation donating to – see reverse side for options)
- Credit Card
  - Visa or  Mastercard  Discover      Amount: \$ \_\_\_\_\_

Name as it appears on card: \_\_\_\_\_

Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ CVV \_\_\_\_\_

**EMPLOYEE/PROVIDER SIGNATURE:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Address** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

Scan to donate!



**New This Year!** Contribute \$2 per pay period (\$52 annually) and participate in Aspirus Health Foundation jean days and/or Aspirus logo wear every Friday in March, April and May.

Please complete the form above and inter-office to your local foundation representative or Aspirus Health Foundation, Westwood Conference Center, Wausau, Ste. 250.



**THANK YOU!**

# Your gift to Aspirus Health Foundation

Here are some of the funds to which you may direct your gift.

1. **Greatest Needs of Aspirus Health**
2. **Aspirus Family House**
3. **Reach Out and Read**

## **Divine Savior**

4 Hospital Greatest Needs

## **Merrill** jane.bentz@aspirus.org

7 Aspirus Merrill Hospital-Employee  
Advised Fund

## **Stevens Point** lanna.scannell@aspirus.org

10 Hospital & Clinics Greatest Needs

## **Ironwood**

5 Hospital Greatest Needs

## **Plover**

8 Hospital Greatest Needs

## **Medford** amanda.lange@aspirus.org

6 Hospital Greatest Needs

## **Stanley** jane.bentz@aspirus.org

9 Hospital Priority Fund

## **Wausau** kim.smerda@aspirus.org

11 Hospital & Clinics Greatest Needs  
12 Schwartz Rounds

## **Independent Foundations – Supporting Aspirus Hospital & Clinics**

### **Aspirus Riverview Foundation**

sherry.evenson@aspirus.org

13 Hospital & Clinics Greatest Needs

### **Iron Area Health Foundation**

lyle.smithson@gmail.com

17 Hospital & Clinics Greatest Needs

### **Tomahawk Hospital Foundation**

teresa.theiler@aspirus.org

20 Hospital & Clinics Greatest Needs

### **The Community Health Foundation- Aspirus Langlade Hospital —**

sherry.bunten@aspirus.org

14 H.O.P.E. Fund (Helping Our Precious  
Employees)

### **Keweenaw Health Foundation**

jennifer.jenich-laplaner@aspirus.org

18 Hospital & Clinics Greatest Needs

### **Howard Young Foundation**

jessie@hyfinc.org

15 HYMC Greatest Needs

16 Aspirus Eagle River Hospital Greatest  
Needs

### **Rhineland Health Foundation**

teresa.theiler@aspirus.org

19 Hospital & Clinics Greatest Needs

Local Representatives: We are here to help and answer questions!

### Examples of gift broken down per pay period

Annual Total Gift	Per-Pay-Period Gift Amount
\$52	\$2
\$78	\$3
\$104	\$4
\$130	\$5
\$156	\$6
\$182	\$7
\$208	\$8
\$234	\$9
\$260	\$10

Annual Total Gift	Per-Pay-Period Gift Amount
\$286	\$11
\$312	\$12
\$338	\$13
\$364	\$14
\$390	\$15
\$416	\$16
\$442	\$17
\$468	\$18
\$494	\$19

Annual Total Gift	Per-Pay-Period Gift Amount
\$520	\$20
\$650	\$25
\$780	\$30
\$910	\$35
\$1,040	\$40
\$1,170	\$45
\$1,300	\$50
\$1,950	\$75
\$2,600	\$100

Your gift truly makes a difference!



# THANK YOU!