

ASPIRUS HEALTH FOUNDATION
Employee Giving Campaign

Caring starts with US

Every Gift of Every Amount Makes a Difference! Thank you!

100% of your gift goes directly to the cause that you choose to support

Employee Name: _____ Employee Number: _____

Entity: Aspirus Wausau Hospital Aspirus, Inc Aspirus Clinics Post Acute Care

Give or pledge online at: aspirus.org/employeegiving

STEP 1: Amount of My Gift

\$25 \$52 (\$2/pay period) \$78 (\$3/pay period) \$104 (\$4/pay period) \$250 Other \$ _____

STEP 2: Gift Designation through Aspirus Health Foundation

- Greatest Needs & Community Health Initiatives
 Family House at Aspirus
 Other Aspirus Program _____

STEP 3: Payment Options

- One-time Payroll Deduction (*full amount to be deducted the first pay period in May 2019*)
 Bi-Weekly Payroll Deduction (*minimum \$52 gift*)
 Divided equally each pay period over 12 months beginning with the first applicable pay period in May 2019 and continuing through April 30, 2020
 Continue my pledge until I notify you in writing
 Cash or Check (*checks payable to Aspirus Health Foundation*)
 Credit Card (VISA/MC /DISC) CardNumber _____

CSC Code _____ Exp Date _____ Signature _____ Date _____

STEP 4: Recognition

This gift is in: Honor of: or Memory of: (*print name of person*) _____

Please send notification to: Name _____ Relationship _____

Address _____ City _____ State _____ Zip _____

I wish to remain anonymous.

EMPLOYEE SIGNATURE: _____ Date: _____

Please remove my name from the Aspirus Health Foundation mailing list.

