

# ASPIRUS HEALTH FOUNDATION

## Employee & Provider Giving Campaign

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/employeeegiving](http://aspirus.org/employeeegiving)

### 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  
 Aspirus Family House  
 My Local Aspirus Foundation (specific below)  
 Other \_\_\_\_\_

### STEP 3: Payment Options

- Payroll Deduction  
 One-time Payroll Deduction (*full amount*)  
 Bi-Weekly Payroll Deduction (*minimum \$52 gift*)  
  Divided equally each pay period over 12 months beginning with the first applicable pay period in May 2021 and continuing through April 30, 2022  
  Continue my pledge until I notify you in writing  
 Cash or Check (*checks payable to Aspirus Health Foundation*)  
 Credit Card (VISA/MC /DISC) Card Number \_\_\_\_\_  
 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.

