

Thank you for your support of the Aspirus Riverview Foundation

The Aspirus Riverview Foundation and its Board of Directors would like to thank you for your exceptional efforts in providing first rate health care to the people of our community. We would also like to thank you for your support of the Aspirus Riverview Foundation. Whether your support is volunteering for Foundation events, spreading the word about the grants the Foundation has funded, or donating to the Foundation, the Foundation and our community appreciate your efforts.

Your generous gift helped fund these grants and others in 2018:

Mobile Food Pantry

Provides healthy food and snacks to over 335 households in our community to help with food security issues.

Cancer Patient Fund

Provides aid to cancer patients in financial need by helping with costs associated with treatment. Transportation, medication, food, and other necessities are just a few examples.

Livestrong @ the YMCA

A free 12 week program for adult cancer survivor's designed to support them in their journey back to a healthier well-being.

The Kindness Closet

Provides patients and family members with clean intact clothing at the time of departure from the hospital, emergency room, and clinics. Many patients arrive with soiled, ripped or very little clothing. There are also situations where the staff needs to cut the patient's clothing to provide emergency services. The Kindness Closet will fill the need for new clothing at the time of departure.

Together we are ensuring the health and well-being of our community for generations to come. Please join us in our mission by making a tax-deductible donation to Aspirus Riverview Foundation.



Donor Information

☐ Mr. ☐ Mrs. ☐ Ms. ☐ Dr.

Employee Name: _____

Employee Number: _____ Department: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Telephone: _____ Work Telephone: _____

Preferred Email: _____

Donor Options

I wish to have the following amount per pay period (26 pay periods/year) deducted:

☐ \$50.00 per pay period (\$1,300/year)

☐ \$15.00 per pay period (\$390/year)

☐ \$38.50 per pay period (\$1,001/year)

☐ \$10.00 per pay period (\$260/year)

☐ \$25.00 per pay period (\$650/year)

☐ \$5.00 per pay period (\$130/year)

☐ Other: \$ _____ per pay period X 26 =
\$ _____ /year

☐ I wish to continue the same per pay period deduction annually until changed or cancelled.

Signature

Your signature is required to authorize payroll deduction.

Signature: _____ Date: _____

I would like to make a one-time gift

☐ Cash ☐ Check ☐ Visa ☐ MasterCard

Card number: _____

3-digit code: _____ Expiration date (month/year): ____/____

Name (as it appears on card): _____

Billing address: _____

Card holder signature: _____

Designate your gift

☐ Aspirus Riverview Foundation will find the best place to use my donation to improve the health and wellness of our community.

☐ Other _____

