

Thank you for your support of the Aspirus Riverview Foundation

Your generous gifts helped fund:

Cancer Patient Fund **Livestrong @ the YMCA**

The Kindness Closet **Boys & Girls Club/YMCA Center**

This past year the Aspirus Riverview Foundation has been working to create the vision for the foundation which aligns with our funding priorities. The foundation, in collaboration with Aspirus Riverview Hospital & Clinics, will focus community attention on significant health needs and provide the philanthropic direction to accomplish change.

Community Health - The foundation provides grant funding to support projects that address the top health needs in our community. Currently, substance abuse, mental health, healthy activity and community food systems are the top needs. The foundation provides funding twice a year.

Behavioral Health - Your support of behavioral health at Aspirus Riverview ensures the clinic can continue to care for patients, no matter their insurance status or their ability to pay.

Cancer Care - Cancer is the leading cause of death in Wood County. Your gifts to cancer care support:

Cancer Patient Fund - Provides financial support to patients struggling with expenses during their cancer treatment.

Cancer Center General Fund - Provides support to ensure our cancer center team has the equipment, resources and staff needed to help our patients in their battles with cancer. The fund helps cover the cost of equipment, non-medical therapy, support groups and other needs.

Aspirus Riverview Hospital & Clinics Fund - The ARHC fund supports several programs and items in our local hospital and clinics to enhance the care we provide our patients. Current programs include:

- Community Paramedic Program
- Inpatient music therapy program
- Transportation assistance to and from appointments through gas cards or cab voucher
- Kindness Closet - provides new clothing to our patients in need

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

☐ Community Health

☐ Cancer Patient Fund

☐ Behavioral Health

☐ ARHC Fund

