

# Thank You For Your Support of the Aspirus Riverview Foundation

The Aspirus Riverview Foundation and its Board of Directors would like to thank all of 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 2017:

**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.

**Community Care Paramedic Program**—Trained paramedics make scheduled visits to homes of patients to follow up doctor's visits, explain medication and refills, and check for unsafe situations in the home.

**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.

**Washington Elementary Sensory Room**—Funded equipment used for calming, decompressing, re-organizing, and focusing the nervous system of students exhibiting difficulty maintaining focus, attention, and inappropriate interactions in the classroom.

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.

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): \_\_\_\_\_

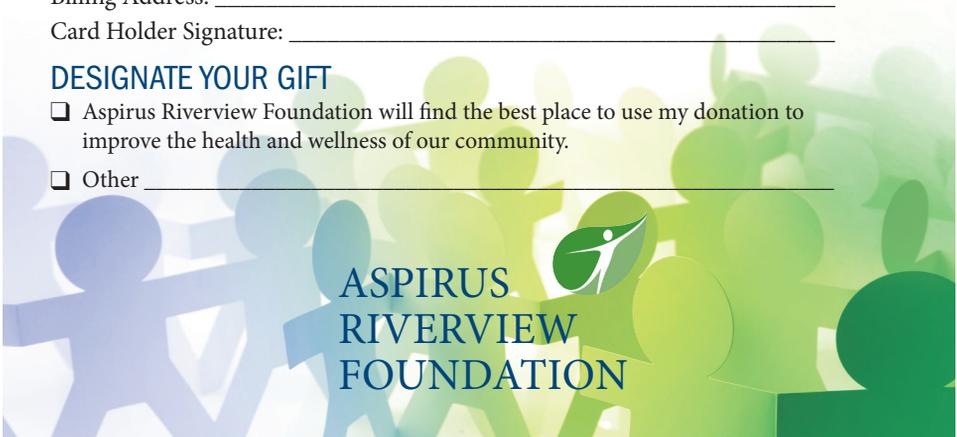
Billing Address: \_\_\_\_\_

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 \_\_\_\_\_



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