



Ascension
St. Vincent
Foundation

2020 Associates Campaign | October 26 - November 20

Project: Associate Assistance Fund

Our annual Associates Campaign is a time for us to come together to support fellow associates, patients and families, and live out our mission.

This year's Campaign will raise needed funds for the Associate Assistance Program (formerly the \$34.77 Fund) to do things like keep food on the table of a struggling family, help pay utilities, or even aid an associate with the costs of burying a loved one.

Who is Eligible for the program? New program guidelines make Ascension St. Vincent, Ascension@Home, Trimedx, MedXcel, MOSTL and MSC Associates eligible for assistance.

You can support the Associate Assistance Fund, or any area that is important to you with your gift during the Associates Campaign.

You can help today by making a gift in one of these three ways:

- Visit give.stvincent.org/associates
- Call 317-338-GIVE
- Return the contribution form on the next page to the Foundation

Get your button, t-shirt and Friends of the Foundation benefits!

These items are a small way to show our appreciation.

- \$260+ (\$10 per pay) Campaign "Be Kind" t-shirt (be sure to list your size!)
- \$520+ (20 per pay) Above, and greeting cards set to spread kindness
- \$1,000+ (\$38.46 per pay) Above, and Friends of the Foundation benefits

Popular gift levels per pay over 26 pays:

Total for 1 year	Amount Per Pay	Total for 1 year	Amount Per Pay	Total for 1 year	Amount Per Pay
\$35	\$1.35	\$150	\$5.77	\$650	\$25
\$75	\$2.89	\$260	\$10	\$780	\$30
\$100	\$3.85	\$325	\$12.50	\$1,000	\$38.46
\$130	\$5	\$520	\$20	\$2,600	\$100



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Name _____ Associate ID _____ (First 8 digits on back of ID badge)

Manager name _____ PO Business Unit _____ (460XX) Cost Center _____

Ministry & Department _____ Shirt Size: _____ (gift of \$260+)

Your Home Address, City, State, Zip _____

Name(s) to Appear on Donor Listings _____ I'm giving
anonymously.

Please do not send me a t-shirt or other incentive items.

Gift Designation:

Associate Assistance Fund (emergency help for those in need; formerly the \$34.77 Fund)

Other _____

Payment Method:

Payroll Deduction Gift of \$ _____ per pay. (min. \$1/pay period)

Payroll deduction gifts automatically recur bi-weekly with each pay period unless otherwise specified below.

End my payroll deduction gift after _____ pay periods.

Check/Credit Card Gift of \$ _____.

Check (payable to Ascension St. Vincent Foundation)

Credit Card

Make my donation a recurring monthly contribution (\$5/month; \$10/month; \$25/month; etc)

Card # _____ Exp. _____

Multi-year Pledge of \$ _____ to be paid over 1 year 2 years 3 years Other _____

Invoice me Monthly Quarterly Annually

The first payment is enclosed will be paid on _____.

Date

Visit give.stvincent.org/associates to contribute online or return this form to:

Ascension St. Vincent Foundation, 8402 Harcourt Road, Suite 210, Indianapolis, IN 46260

Questions? Call 317-338-2338 or email foundation@stvincent.org.