

Supporting the Mission of Ascension St. Vincent is easy! Choose an area in which you would like to make a difference, extend your kindness by making a gift, and see the impact of your kindness on our patients, families, and fellow associates.

Associate Donation Form

Name _____ Associate ID _____ (first 8 digits on back of ID badge)
PO Business Unit _____ Department ID _____
Ministry Location _____ Department Name _____
Home Address, City, State, Zip _____
Phone: _____ Email: _____
Name(s) to Appear on Donor Listings _____
____ Keep my gift anonymous.

Gift Designation

100% of your donation will support the ministry and project of your choosing. For more information about the following programs and services, visit give.stvincent.org/associategiving.

Statewide Support

____ Associate Assistance
____ Nursing Education & Scholarships - Cynthia D.
Adams, PhD, RN Endowment Fund
____ Other _____

Central Region

____ Indianapolis: Women & Children's Tower:
Patient and Family Support Endowment
____ Heart Center: Ascension St. Vincent
Cardiovascular Research Institute
____ Seton: Eleanor Talwar Seton Nurse Assistance

North Region

____ Anderson: Associate Fitness Center
____ Anderson: Associate Food Pantry
____ Anderson: Equine Therapy
____ Anderson: Children's Clinic
____ Carmel: Mission Services
____ Carmel: Outdoor Patio Refresh
____ Fishers: Mission Services
____ Fishers: Associate Food Pantry
____ Kokomo: Associate Fitness Center
____ Kokomo: Mission Services
____ Kokomo: Trinity Behavioral Health Clinic- Inpatient
Remodel and Garden

Rural Region

____ Clay: Patient and Clinical Program Support
____ Jennings: Patient and Clinical Program Support
____ Mercy: Associate Education
____ Randolph: Associate Education
____ Salem: Patient and Clinical Program Support
____ Williamsport: Patient and Clinical Program
Support

South Region (Evansville/Warrick)

____ Priority Need: Sister Jane McConnell Associate Benevolence
Fund (Associate Assistance)
____ Physicians Philanthropy Society, The Society of St. Luke
____ New Cribs for Pediatric Patients
____ Mental Health Services
____ Shuttle Buddies Transportation for Cancer Patients in Need
____ Nutritious Meals for Infusion Patients in Need
____ Support for Cardiac Patients Needing Overnight Programs

**See page 2 to complete payment and recognition
information prior to submitting.**

Payment Method

Payroll Deduction Gift of \$ _____ per pay

Payroll deduction donations will begin with the next available pay period based on the time of donation and are ongoing.

____ 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. _____ CVV _____

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)

Donation Form Submission

Visit give.stvincent.org/associategiving to contribute online or return this form to your Foundation's office listed below.

Anderson/Carmel/Fishers associates:

Ascension St. Vincent Foundation

2015 Jackson St. | Anderson, IN 46016

Questions? Call 765-646-8710.

Kokomo associates:

Ascension St. Vincent Kokomo Foundation

1907 W. Sycamore St. | Kokomo, IN 46901

Questions? Call 765-456-5406.

Evansville/Warrick associates:

Ascension St. Vincent Evansville Foundation

3700 Washington Ave. | Evansville, IN 47750

Questions? Call 812-485-5850.

Indianapolis and all other associates:

Ascension St. Vincent Foundation

250 W. 96th Street, Suite 470 | Indianapolis, IN 46260

Questions? Call 317-338-5085 or email foundation@stvincent.org.