



# Together We Will Make a Difference



## Wisconsin Region Employee Giving Campaign

The SSM Health foundations encourage all employees to support your passion for our healing Mission with a personal donation. Your gifts benefit patients, families, and co-workers through the funding of priority initiatives, technology advancements, and employee support.

### Area of Greatest Need:

Support what's needed most. Your Foundation's unrestricted fund provides financial support to areas of greatest need.

### Employee Relief Fund:

Serves as a vital resource that assists with employee financial hardship. Because of your support of your Foundation, and your colleagues, more than \$175,000 was awarded to struggling employees in 2020.

### Designate Your Gift:

Your Foundation has many funds that support a spectrum of vital programs and services. By designating your gift, you are empowered to support what you're most passionate about.



# 100% OF ALL GIFTS **STAY LOCAL**

## About You (please print)

Name: \_\_\_\_\_

Employee ID: \_\_\_\_\_

Department/Branch: \_\_\_\_\_

Email: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

## How Would You Like to Give?

### Ongoing Payroll Deduction

I understand that payroll deductions will begin as soon as possible, and will continue until I notify the Foundation to change or stop deductions.

- \$1 (\$26/year)       \$5 (\$130/year)       \$10 (\$260/year)       \$15 (\$390/year)  
 \$25 (\$650/year)       \$50 (\$1,300/year)       \$100 (\$2,600/year)  
 Other: \$\_\_\_\_\_ per pay period

### One-time Gift

- By Check (enclosed) \$\_\_\_\_\_.  
*Please make check payable to The Foundation for Ripon Medical Center.*
- By Credit Card # \_\_\_\_\_ Expiration: \_\_\_\_\_ CSC Code: \_\_\_\_\_

### Sign, Date, and Return

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Please Direct My Gift to Support:

### The Foundation for Ripon Medical Center

- Area of Greatest Need     Employee Relief Fund     Other: \_\_\_\_\_

\* Deductions begin November 2021

*The funds listed on this form are not inclusive of all the available funds to support. If a program or fund you wish to support is not listed on this form please reach out to the Foundation to learn more.*

Return your completed form to The Foundation for Ripon Medical Center office by mail, email, or interoffice mail.

**The Foundation for Ripon Medical Center**  
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