



# Mercy Health Foundation

Ascension Mercy Hospital

## Mercy Health Foundation Board of Trustees Application

*"Your greatness is not what you have, it's what you give".*

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

Name: \_\_\_\_\_ Personal Email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Occupation: \_\_\_\_\_ Work Email: \_\_\_\_\_

Business Address: \_\_\_\_\_ Business City: \_\_\_\_\_ Zip: \_\_\_\_\_

Spouse Name: \_\_\_\_\_ Your DOB: \_\_\_\_\_ Spouse DOB: \_\_\_\_\_

Children's names/ages \_\_\_\_\_

**The mission of the Mercy Health Foundation** is to live out the healing ministry of Christ with a special emphasis on those in need, by generating, stewarding and distributing funds to enhance the quality of health services, programs and other community health care initiatives. Serving our mission is our priority. We welcome discussion with individuals who share the same passion and desire to serve the mission of Mercy Hospital and Mercy Health Foundation. *We are the hands and feet of God to serve.*

**Please share why you are interested in joining the Mercy Health Foundation Board of Trustees and supporting the mission of both the Foundation and Ascension Mercy Hospital?**

**How passionate are you about our cause? 1 – 5 (highest)**

**Of what importance to you is social interaction with other board members?**

**How much time can you give us?**

**What special skills do you have and are willing to share as a Mercy Health Foundation board member?**

**We like to get to know our board members. Can you share more information with us about you?**

**Your Community Involvement:**

**Memberships:**

**Offices Held:**

**Personal Style: Check all that apply**

***Bridger**-make intros/connect to others*

***Advocate**-a voice of support/tell story*

***Strategist**-willing to help/set strategy*

***Visionary**-future focused/sees and shares vision*

**How do you see yourself involved in fundraising activities? Check all that apply.**

*Invite individuals to tour the hospital*      *Coordinate meetings with a prospect and a MHF associate*

*Invite prospective donors to meet with a hospital leader or physician leader*

*Serve on the Special Events committee*      *Share my story with a donor or prospective donor*

*Make an ask*      *Host a cultivation event*      *Call and thank donors for their gifts*

*Attend a MHF fundraising event and invite/bring friends*      *Host a table at a MHF event*

*Sponsor a MHF event*      *Talk with donors about why I give and encourage others to do the same*

*Recruit new board members*      *Encourage my friends to support/give to Mercy Health Foundation*

**At some point, would you consider board leadership roles?**

**What else would you like to share with us to help us get to know you? Special hobbies, interests?**

Thank you for your interest in supporting the mission of Ascension Mercy Hospital through membership on the Mercy Health Foundation Board of Trustees. Your application will be reviewed by the Mercy Health Foundation Executive Committee for consideration.

**Email this completed form to Tonya Dederling, Regional Director of Philanthropy, Ascension Wisconsin, at [tonya.dederling@ascension.org](mailto:tonya.dederling@ascension.org)**