

EMPLOYEE ID# \_\_\_\_\_  
 NAME \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
 PHONE \_\_\_\_\_  
 PREFERRED EMAIL \_\_\_\_\_

► Give online:  
[ProvidenceOregon.org/giving](http://ProvidenceOregon.org/giving)

I would like to learn more about naming Providence in my will or as a beneficiary of my retirement plan.

**STEP ONE:** Consider a gift in support of our Mission

Descriptions of these funds are listed on the back of this page. If you do not indicate a specific fund, your donation will be credited toward the Resident Care Fund. If you make payments through payroll deduction, the minimum per fund, per pay period is \$2.

**Specific Fund Choices**

- Area of Greatest Need
- Building and Equipment (for patient comfort and safety)
- Helping Hand Fund – \$60,000 match (for urgent Providence caregiver needs)
- Home Health (for misc. patient needs not covered)
- Hospice (for patient needs not otherwise covered)
- Humphreys Scholarship (for caregivers’ continuing education)
- Other: \_\_\_\_\_

Please write in an approved fund name.  
 A full list is available at [ProvidenceOregon.org/giving](http://ProvidenceOregon.org/giving).  
 Your local foundation rep would also be happy to help!

Per Pay Period		Annual Total
_____	x 24	_____
_____	x 24	_____
_____	x 24	_____
_____	x 24	_____
_____	x 24	_____
_____	x 24	_____
<b>Total gift to Providence per pay period:</b>	x 24	<b>\$ _____</b>

\*A gift of \$1,000 (\$41.67 per pay period) or more to one foundation entitles donor to Donor Club recognition, including invitations to special Donor Club events. For your convenience, a per-pay-period/annual gift chart is provided on the back of this page.

**STEP TWO:** Choose your payment option and sign

I wish for my gift to remain anonymous.

**Choose payment option:**

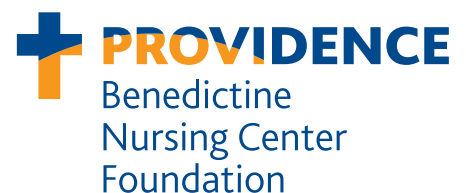
- Ongoing payroll deduction  
 (All payments begin Feb. 7, 2020, and continue indefinitely until you opt out.)
- One-time payroll deduction (Feb. 7, 2020, with \$10 minimum)

Please return this form to the foundation office.

\_\_\_\_\_ Date \_\_\_\_\_

Your signature is *required* to authorize payroll deductions.

- Cash/check enclosed for \$ \_\_\_\_\_  
 Please make check(s) payable to Providence Benedictine Nursing Center Foundation.
- Credit card Please go online to our secure donation form at [ProvidenceOregon.org/giving](http://ProvidenceOregon.org/giving).



# Your gift to Providence Benedictine Nursing Center Foundation

**\$60,000  
match for  
caregivers  
in need**

Providence Federal Credit Union is matching total donations to the Helping Hand Fund up to \$60,000. This fund provides one-time, confidential support to eligible Providence caregivers in crisis. From assisting with an unexpected medical bill, helping escape domestic abuse, or providing help during a family emergency, a gift to the Helping Hand Fund is a gift to help one of our own. ***Make your gift count twice!***

Every amount makes a difference and is greatly appreciated. We invite you to make a gift to an area that matters to you. You may designate your gift to a specific fund, such as:

- **Area of Greatest Need:** This fund ensures excellent care for all patients, regardless of their ability to pay. The majority of our long-term care residents cannot afford the full cost of their care.
- **Building and Equipment:** This fund provides equipment, such as seat cushions, wheelchairs, lifts and other devices, and building needs that contribute to residents' safety and comfort.
- **Helping Hand Fund – \$60,000 match!**
- **Home Health:** This project provides needy clients with extra resources, such as medical supplies, equipment and staff training, that would otherwise not be paid for by insurance or through our Home Health program.
- **Hospice:** Funding provides compassionate care to patients and families who would not otherwise be able to afford hospice services, which focus on comfort and quality of life for those who are facing terminal or life-threatening illness.
- **Humphreys Scholarship:** This fund periodically grants a scholarship to a Providence Benedictine caregiver, with emphasis on placed Orchard House caregivers, beginning students and service partners, and CNAs.

A complete list and fund descriptions are available online at [ProvidenceOregon.org/giving](http://ProvidenceOregon.org/giving).

**Thank you for your participation.**

## Examples of pledge gifts broken down per pay period

All payroll deductions begin February 7, 2020, and continue indefinitely until you discontinue your gift by calling your foundation office.

Per-Pay-Period Gift Amount	Annual Total Gift
\$2	\$48
\$3	\$72
\$4	\$96
\$5	\$120
\$6	\$144
\$7	\$168
\$8	\$192
\$9	\$216
\$10	\$240

Per-Pay-Period Gift Amount	Annual Total Gift
\$11	\$264
\$12	\$288
\$13	\$312
\$14	\$336
\$15	\$360
\$16	\$384
\$17	\$408
\$18	\$432
\$19	\$456

Per-Pay-Period Gift Amount	Annual Total Gift
\$20	\$480
\$25	\$600
\$30	\$720
\$35	\$840
\$40	\$960
\$45*	\$1,080
\$50*	\$1,200