



EMPLOYEE ID# _____
 NAME _____
 ADDRESS _____
 CITY _____ STATE _____ ZIP _____
 PHONE _____
 PREFERRED EMAIL _____

► Give online:
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 to Providence foundations 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 Area of Greatest Need Fund. If you choose to make payments through payroll deduction, the minimum per fund, per pay period is \$2.

Specific Fund Choices

- Alex Respite Fund (endowed fund)
- Area of Greatest Need
- Center for Medically Fragile Children
- Helping Hand Fund—\$60,000 match!
- Safety Net for Families
- Swindells Resource Center Endowment
- Other: _____
Please write in an approved fund name. Full list available online.
 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	_____
_____	x 24	_____
Total gift to Providence per pay period:	x 24	\$ _____

* 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)

_____ **Date** _____

Your signature is required to authorize payroll deductions.

- Cash/check enclosed for \$ _____
Please make check(s) payable to Providence Children’s Health Foundation.
- Credit card Please go online to our secure donation form at ProvidenceOregon.org/giving.

Please return this form to the foundation office.



Your gift to Providence foundations

**\$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!***

When you support Providence foundations, you are helping connect with our Mission. Here are some funds to which you may wish to direct your gift:

- **Alex Respite:** Interest from this endowed fund supports respite care for families who can't afford it.
- **Area of Greatest Need:** Supports the area that has the most immediate need, including children's programs and Providence Child Center, to ensure continuous high-quality care.
- **Center for Medically Fragile Children:** Supports the only pediatric skilled nursing facility in the Pacific Northwest. Babies, children and young people to 21 years of age with profound disabilities and complex medical needs can receive 24/7 long-term, short-term, respite, sub-acute and end-of-life care.
- **Helping Hand Fund – \$60,000 match!**
- **Safety Net for Families:** Provides essentials to expecting and new moms/families to help ensure newborns will have what they need to "start strong." Providence Beginnings social workers assist families with basic needs.
- **Swindells Resource Center Endowment:** Provides peer-to-peer support, free resources and education for thousands of parents and caregivers whose children have special needs, developmental delays or disabilities.

Full and complete fund list and fund descriptions are available online at ProvidenceOregon.org/giving.

Examples of 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	Per-Pay-Period Gift Amount	Annual Total Gift	Per-Pay-Period Gift Amount	Annual Total Gift
\$2	\$48	\$11	\$264	\$20	\$480
\$3	\$72	\$12	\$288	\$25	\$600
\$4	\$96	\$13	\$312	\$30	\$720
\$5	\$120	\$14	\$336	\$35	\$840
\$6	\$144	\$15	\$360	\$40	\$960
\$7	\$168	\$16	\$384	\$45*	\$1,080
\$8	\$192	\$17	\$408	\$50*	\$1,200
\$9	\$216	\$18	\$432		
\$10	\$240	\$19	\$456		