



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 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**

- Area of Greatest Need
- Cancer Patient Assistance / Don Benton
- Cardiac Prevention + Wellness
- Helping Hand Fund – \$60,000 Match!
- Hospice Children’s Grief
- 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	_____
<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 Hood River Memorial Hospital Foundation.
- Credit card Please go online to our secure donation form at [ProvidenceOregon.org/giving](http://ProvidenceOregon.org/giving).



# Your gift to Providence Hood River Memorial Hospital 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!***

Here are some other funds to which you may direct your gift:

- **Area of Greatest Need Fund:** Support the area within the hospital that has the most immediate need to ensure that high-quality care continues
- **Cancer Patient Assistance / Don Benton:** Provides services focusing on integrative methods of healing and emotional well-being through support groups and other complementary service
- **Cardiac Prevention + Wellness:** Helps patients and community members become their best, healthiest selves through healthy lifestyle classes and exercise program
- **Helping Hand Fund – \$60,000 match!** (formerly *Chaplain’s Fund*)
- **Hospice Children’s Grief:** Allows families to work through grief in age-appropriate groups with a focus on peer support as well as professional guidance

Here are some other funds to which you may direct your gift:

- |                                |                                   |                                       |
|--------------------------------|-----------------------------------|---------------------------------------|
| Cardiac Rehab                  | Dialysis                          | Perinatal / Child Loss                |
| Community Caregivers in Action | Family Practice Residency Program | Talk Tough Nurses                     |
| Community Outreach             | Older Adult Services              | Youth Cardiac Screenings (Play Smart) |

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

## Examples of gifts broken down per pay period

All payroll deductions begin February 7, 2020, and continue indefinitely until you discontinue them 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