



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 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 make payments through payroll deduction, the minimum per fund, per pay period is \$2.

**Specific Fund Choices**

- Behavioral Health/Mental Health Wellness
- Community Health/Teaching Kitchen
- Helping Hand Fund – \$60,000 match
- Medical Residency Endowment
- Women and Children’s Health
- 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	\$ _____

\* 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 payable to Providence Milwaukie Foundation.
- Credit card Please go online to our secure donation form at [ProvidenceOregon.org/giving](http://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 connecting with our Mission. Here are some of the funds to which you may direct your gift:

- **Behavioral Health/Mental Health Wellness:** Supports identified project or services benefitting individuals struggling with issues related to mental illness, substance abuse or domestic violence.
- **Community Health/Teaching Kitchen:** Provides cooking classes for patients and community members, healthy foods for families facing hunger, outpatient nutrition counseling, diabetes education, screenings for food insecurity, and more.
- **Helping Hand Fund – \$60,000 match!**
- **Medical Residency Endowment:** Promotes excellence in family medicine education focused on patient-centered care at Providence Milwaukie Hospital
- **Women and Children’s Health:** Provides services to improve the health status of women and children in Clackamas County and southeast Portland

A complete list of funds and fund descriptions is 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 until 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
\$11	\$264
\$12	\$288
\$13	\$312
\$14	\$336

Per-Pay-Period Gift Amount	Annual Total Gift
\$15	\$360
\$16	\$384
\$17	\$408
\$18	\$432
\$19	\$456
\$20	\$480
\$25	\$600
\$30	\$720
\$35	\$840
\$40	\$960
\$45*	\$1,080
\$50*	\$1,200