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

Give online: ProvidenceOregon.org/giving

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**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, 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
- ○ Innovation
- ○ Helping Hand Fund – $60,000 match!
- ○ Pet Therapy
- ○ Providence Cares
- ○ Other: __________________________________________

<table>
<thead>
<tr>
<th>Fund Choice</th>
<th>Per Pay Period</th>
<th>Annual Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Area of Greatest Need</td>
<td>$_____________</td>
<td>$_____________</td>
</tr>
<tr>
<td>Innovation</td>
<td>$_____________</td>
<td>$_____________</td>
</tr>
<tr>
<td>Helping Hand Fund – $60,000</td>
<td>$_____________</td>
<td>$_____________</td>
</tr>
<tr>
<td>Pet Therapy</td>
<td>$_____________</td>
<td>$_____________</td>
</tr>
<tr>
<td>Providence Cares</td>
<td>$_____________</td>
<td>$_____________</td>
</tr>
<tr>
<td>Other:</td>
<td>$_____________</td>
<td>$_____________</td>
</tr>
</tbody>
</table>

Please write in an approved fund name. Full list available online. Your local Foundation rep would also be happy to help!

**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.

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**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)

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Please return this form to the foundation office.

Your signature is required to authorize payroll deductions.

- ○ Cash/check enclosed for $_____________
  
  Please make check payable to Providence Seaside Hospital Foundation.

- ○ Credit card Please go online to our secure donation form at ProvidenceOregon.org/giving.
When you support Providence foundations, you connect with our Mission.

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 the following:

- **Area of Greatest Need Fund**: Supports areas in the hospital with the most immediate need to ensure high-quality care continues.
- **Innovation Fund**: Invests strategically in facilities and programs that meet the needs of people served in the north Oregon Coast area by providing top-quality, thoughtful patient care.
- **Jeane White Pet Therapy**: Provides funds for scholarships for dogs and their owners to become certified as pet therapists.
- **Providence Cares Fund**: Provides medical, dental, preventive and community-based services to those who are underserved in the north coast area.

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

- Behavioral Health
- Cancer
- Heart
- **Helping Hand Fund – $60,000 match!**
- Home Health
- Palliative Care
- Telemedicine
- Women and Children’s Services

A complete list of funds and fund descriptions is available online at ProvidenceOregon.org/giving.

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**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.