



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, 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: \_\_\_\_\_  
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 Seaside Hospital 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 Seaside 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!***

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	Home Health
Cancer	Palliative Care
Heart	Telemedicine
<b>Helping Hand Fund – \$60,000 match!</b>	Women and Children’s Services

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 indefinitely until you discontinue them by calling your foundation.

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