



EMPLOYEE ID# _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____

PREFERRED EMAIL _____

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

► **Give online:**
ProvidenceFoundations.org/employee

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
- B.J. Stormberg Helping Hand Fund – \$50,000 match!
- Caregiver Education
- Mother Gamelin (charity care)
- Behavioral Health/ Fr. Jim Clifford
- Swindells Resource Center
- Other: _____

Please write in an approved fund name. An additional list is available online. Your local foundation rep would also be happy to help!

Per Pay Period		Annual Total
_____	x 26	_____
_____	x 26	_____
_____	x 26	_____
_____	x 26	_____
_____	x 26	_____
_____	x 26	_____
_____	x 26	_____
_____	x 26	_____
Total gift to Providence per pay period: \$ _____	x 26	\$ _____

STEP TWO: Consider a gift to United Way to help the community



Through our partnership with United Way, you can give through payroll deduction to a local nonprofit of your choice.

United Way of Jackson County

- United Way Community Fund
For more information or to request a United Way brochure, call 541-732-5193.
- Direct my gift to this tax-exempt organization:
Organization name, address and non-profit tax I.D. number: _____

Per Pay Period		Annual Total
_____	x 26	_____
_____	x 26	_____
Total gift to United Way: \$ _____	x 26	\$ _____

(\$50 minimum, must be tax-exempt 501(c)3)

STEP THREE: Choose your payment option and sign

- I wish for my gift to remain anonymous.

Choose payment option:

- Recurring payroll deduction
(All payments begin the next open pay period, and continue indefinitely until you opt out.)
- One-time payroll deduction (the next open pay period, with \$10 minimum)

_____ **Date** _____

Your signature is required to authorize payroll deductions.

- Cash/check enclosed for \$ _____
Please make check(s) payable to Providence Community Health Foundation or United Way. Separate checks are required when donating to both.
- Credit card Please go online to our secure donation form at ProvidenceFoundations.org/employee.

Please return this form to the foundation office.

Thank you for your gift!
 Providence Community Health Foundation
 940 Royal Ave., Suite 410
 Medford, OR 97504
 541-732-6770



Your gift to Providence Community Health Foundation

**\$50,000
match for
caregivers
in need**

Providence Federal Credit Union is matching total donations to the Helping Hand Fund up to \$50,000. 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!*

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:

- **Area of Greatest Need:** This fund supports needs as they arise and the purchase of state-of-the-art technology.
- **The B.J. Stormberg Helping Hand Fund – \$50,000 match!:** This fund provides emergency financial assistance to Providence caregivers in need.
- **Caregiver Education:** The Caregiver Education fund provides support for caregivers who are pursuing further education in health care.
- **Mother Gamelin Charitable Care:** This fund assists patients in need.
- **Behavioral Health/Fr. Jim Clifford:** These funds will provide our health care delivery teams with resources to bring in experts in social work and case management.
- **Swindells Resource Center:** This fund supports the only resource center of its kind in southern Oregon, dedicated to children with special needs.

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

BirthPlace	Heart	Spiritual Care
Cancer Center	Hospice/Home Care	Innovation PMG
Carl Brophy Stroke Program	Leila J. Eisenstein Breast Center	Palliative Care

A list of additional funds is available online at ProvidenceFoundations.org/employee.

Examples of gifts broken down per pay period

All payroll deductions begin the next open pay period, and continue indefinitely until you discontinue them by emailing OR.Foundations@providence.org.

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	\$52	\$11	\$286	\$20	\$520
\$3	\$78	\$12	\$312	\$25	\$650
\$4	\$104	\$13	\$338	\$30	\$780
\$5	\$130	\$14	\$364	\$35	\$910
\$6	\$156	\$15	\$390	\$40*	\$1,040
\$7	\$182	\$16	\$416	\$45*	\$1,170
\$8	\$208	\$17	\$442	\$50*	\$1,300
\$9	\$234	\$18	\$468		
\$10	\$260	\$19	\$494		

*A gift of \$1,000 (\$38.47 per pay period) or more to one foundation entitles you to Caritas Society recognition on our donor wall and other benefits such as invitations to special donor events.

Questions?

Email OR.Foundations@providence.org