



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

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.

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
- Don Benton Cancer Patient Assistance
- Julie Beliel Cancer Screening
- Helping Hand Fund – \$50,000 Match!
- Hospice - Area of Greatest Need
- Volunteers in Action
- Other: _____

Please write in an approved fund name. Additional list 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	_____
Total gift to Providence per pay period: \$ _____	x 26	\$ _____

STEP TWO: 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)

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 ProvidenceFoundations.org/employee.



Your gift to Providence Hood River Memorial Hospital 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!*

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

- **Area of Greatest Need Fund:** Supports the area within the hospital that has the most immediate need to ensure that high-quality care continues.
- **Don Benton Cancer Patient Assistance:** Provides services focusing on integrative methods of healing and emotional well-being through support groups and other complementary services.
- **Julie Beliel Cancer Screening:** Provides free mammograms, education and prevention efforts related to breast cancer.
- **Helping Hand Fund – \$50,000 match!** (formerly *Chaplain's Fund*)
- **Hospice – Area of Greatest Need:** Your gift will ensure all patients receive hospice care and services regardless of their ability to pay.
- **Volunteers in Action:** Provides funding for the Volunteers in Action program, pairing community volunteers with community members who have long-term health care needs.

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

Behavioral Health	Dialysis	Perinatal / Child Loss
Cardiac Rehab	Family Practice Residency Program	Talk Tough Nurses
Community Outreach	Older Adult Services	Youth Cardiac Screenings (Play Smart)

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
\$2	\$52
\$3	\$78
\$4	\$104
\$5	\$130
\$6	\$156
\$7	\$182
\$8	\$208
\$9	\$234
\$10	\$260

Per-Pay-Period Gift Amount	Annual Total Gift
\$11	\$286
\$12	\$312
\$13	\$338
\$14	\$364
\$15	\$390
\$16	\$416
\$17	\$442
\$18	\$468
\$19	\$494

Per-Pay-Period Gift Amount	Annual Total Gift
\$20	\$520
\$25	\$650
\$30	\$780
\$35	\$910
\$40	\$1,040
\$45	\$1,170
\$50	\$1,300

Questions?

Email OR.Foundations@providence.org