



► **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 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

- Area of Greatest Need
- Behavioral Health/Mental Health Wellness
- Community Health/Teaching Kitchen
- Helping Hand Fund – \$50,000 match!
- Medical Residency Endowment
- Women and Children’s Health
- 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	\$ _____

*A gift of \$1,000 (\$38.47 per pay period) or more to one foundation entitles you 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:

- 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 payable to Providence Milwaukie Foundation.
- Credit card Please go online to our secure donation form at ProvidenceFoundations.org/employee.

Please return this form to the foundation office.



Your gift to Providence foundations

**\$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!*

When you support Providence foundations, you are connecting with our Mission. Here are some of the funds to which you may direct your gift:

- **Area of Greatest Need:** Supports the hospital in the area that has the most immediate need to ensure that high-quality care continues.
- **Behavioral Health/Mental Health Wellness:** Supports identified projects 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 – \$50,000 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 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 until 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