



► 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, 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
- Heart
- Helping Hand Fund – \$50,000 match!
- Providence Cares
- 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	_____
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 Seaside Hospital 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 Seaside 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!

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 needs to ensure high-quality care continues.
- **Heart:** Supports expansion of cardiac care on the North Coast.
- **Helping Hand Fund – \$50,000 match!**
- **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	Palliative Care
Cancer	Telemedicine
Pet Therapy	Women and Children’s Services
Home Health	

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