



► 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

A description of these funds is given 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

- Heart Institute
- Brain and Spine
- Cancer Research
- Children's Health
- Area of Greatest Need
- Helping Hand Fund—\$50,000 match!
- 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 St. Vincent Medical 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.
- **Brain and Spine:** Supports comprehensive neuroscience services and excellent patient care.
- **Cancer Research:** Supports research to develop new cancer treatments by using the body's immune system.
- **Children's Health:** Supports programs and services that impact and improve the lives of children and families.
- **Heart Institute:** Supports investments in new technology, research and program development.
- **Helping Hand Fund – \$50,000 match!**

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