



► Scan the code to give online or visit 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.

► **NOTE:** If you currently give through recurring payroll deduction, your donation continues indefinitely and you do not need to fill out this form.

To change your recurring payroll deduction donation, see step two below.

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 Helping Hand Fund. If you make payments through payroll deduction, the minimum per fund, per pay period is \$2.

Specific Fund Choices

- Area of Greatest Need
- Building and Equipment (for patient comfort and safety)
- Helping Hand Fund – \$50,000 match (for urgent Providence caregiver needs)
- Home Health
- Landscaping and Gardens
- Other: _____

Please write in an approved fund name.
Your local foundation caregiver 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:

- NEW recurring payroll deduction donation
(All payments begin the next open pay period, and continue indefinitely until you opt out.)
- EDIT my current recurring payroll deduction donation
(Changes made above will be reflected in the next open pay period and continue indefinitely until you opt out.)
- ONE-TIME payroll deduction
(the next open pay period, with \$10 minimum)

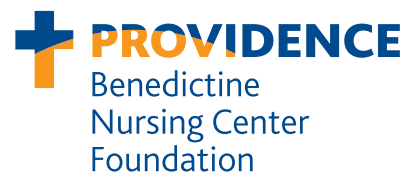
► **PLEASE SIGN BELOW:**

_____ Date _____

Your signature is *required* to authorize or edit payroll deductions.

- Cash/check enclosed for \$ _____
Please make check(s) payable to Providence Benedictine Nursing Center 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 Benedictine Nursing Center 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 ensures excellent care for all patients, regardless of their ability to pay. The majority of our long-term care residents cannot afford the full cost of their care.
- **Building and Equipment:** This fund provides equipment, such as seat cushions, wheelchairs, lifts and other devices, and building needs that contribute to residents' safety and comfort.
- **Helping Hand Fund – \$50,000 match!**
- **Home Health:** This project provides needy clients with extra resources, such as medical supplies, equipment, and staff training, that would otherwise not be paid for by insurance or through our Home Health program.
- **Landscaping and Gardens:** This fund goes toward additions and improvements to our gardens and landscapes, maintaining them as places of peace and healing for residents/patients, families, visitors and caregivers.

Thank you for your participation.

Examples of pledge gifts broken down per pay period

All payroll deductions begin the next open pay period, and continue indefinitely until you discontinue your gift 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

If you are currently giving through recurring payroll deduction, your donation continues indefinitely and you do not need to sign up. If you would like to make a change or cancel your recurring payroll deduction donation, please contact OR.Foundations@providence.org.