



► Scan the code to give online or visit
ProvidenceFoundations.org/employee



EMPLOYEE ID# _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____

PREFERRED EMAIL _____

► **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.

☐ 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

See back of form for a list of funds. If you do not note a specific fund, your donation will be credited toward the Greatest Need Fund. If you choose to make payments through payroll deduction, the minimum per fund, per pay period is \$2.

Providence Foundations	Specific Fund Choice(s)	Per Pay Period	Annual Total
<input type="radio"/> Providence Benedictine Fdn.	_____	_____	x 26 _____
<input type="radio"/> Providence Hood River Fdn.	_____	_____	x 26 _____
<input type="radio"/> Providence Medford Fdn.	_____	_____	x 26 _____
<input type="radio"/> Providence Milwaukie Fdn.	_____	_____	x 26 _____
<input type="radio"/> Providence Newberg Fdn.	_____	_____	x 26 _____
<input type="radio"/> Providence Portland Fdn.	_____	_____	x 26 _____
<input type="radio"/> Providence Seaside Fdn.	_____	_____	x 26 _____
<input type="radio"/> Providence St. Vincent Fdn.	_____	_____	x 26 _____
<input type="radio"/> Providence Willamette Falls Fdn.	_____	_____	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 payable to the Providence foundation you are donating to.

☐ Credit card Please go online to our secure donation form at ProvidenceFoundations.org/employee.

Please return this form to your foundation office or email to OR.Foundations@providence.org



Your gift to Providence foundations

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

Providence Benedictine Nursing Center Foundation

- Area of Greatest Need
- Building and Equipment
- Home Health
- Landscaping and Gardens

Providence Community Health Foundation – Medford

- Area of Greatest Need
- Behavioral Health / Fr. Jim Clifford
- Caregiver Education
- Mother Gamelin (charity care)
- Population Health/Housing

Providence Hood River Memorial Hospital Foundation

- Area of Greatest Need
- Don Benton Cancer Patient Assistance
- Behavioral Health
- Julie Beliel Cancer Screening
- Hospice - Area of Greatest Need

Providence Milwaukie Foundation

- Area of Greatest Need
- Behavioral Health/ Mental Health Wellness
- Community Teaching Kitchen
- Critical Care Unit
- Nursing Scholarship

Providence Newberg Health Foundation

- Area of Greatest Need
- Behavioral Health
- Cancer Fund
- Heart Fund
- Mike Olberding Education Fund

Providence Portland Medical Foundation

- Area of Greatest Need
- Behavioral Health
- Cancer Research
- COVID-19 Relief Fund
- Emergency Services
- Heart
- Medical Group

Providence St. Vincent Medical Foundation

- Brain and Spine
- Cancer Research
- Children's Health
- Emergency Services
- Heart Institute
- Where Need is Greatest

Providence Seaside Hospital Foundation

- Area of Greatest Need
- Heart
- Providence Cares

Providence Willamette Falls Medical Foundation

- Area of Greatest Need
- Birthplace (newborn services)
- Jilda B. Danielson Cancer Support Services Endowment
- Children's Health (behavioral health)
- Education Fund

Examples of gifts broken down per pay period

All payroll deductions begin the next open pay period, and continue indefinitely until you opt out 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.