



► Scan the code to give online or visit  
[ProvidenceFoundations.org/employee](https://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 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
- Behavioral Health
- Don Benton Cancer Patient Assistance
- Julie Beliel Cancer Screening
- Helping Hand Fund – \$50,000 Match!
- Hospice - Area of Greatest Need
- 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	_____
<b>Total gift to Providence per pay period:</b> \$ _____	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 Hood River Memorial Hospital Foundation.
- Credit card Please go online to our secure donation form at [ProvidenceFoundations.org/employee](https://ProvidenceFoundations.org/employee).

Please return this form to the foundation office.



# Your gift to Providence Hood River Memorial 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!*

Here are some funds to which you may direct your gift:

- **Area of Greatest Need Fund:** Supports the area within the hospital that has the most immediate need to ensure that high-quality care continues.
- **Behavioral Health:** Supports identified projects and services such as the Better Outcomes thru Bridges (BOB) program, benefiting individuals struggling with issues related to mental illness, substance abuse or domestic violence.
- **Don Benton Cancer Patient Assistance:** Provides services focusing on integrative methods of healing and emotional well-being through support groups and other complementary services.
- **Julie Beliel Cancer Screening:** Provides free mammograms, education and prevention efforts related to breast cancer.
- **Helping Hand Fund – \$50,000 match!** (formerly *Chaplain's Fund*)
- **Hospice – Area of Greatest Need:** Your gift will ensure all patients receive hospice care and services regardless of their ability to pay.

Here are some other funds to which you may direct your gift:

Cardiac Rehab	Family Practice Residency Program	Talk Tough Nurses
Community Outreach	Older Adult Services	Youth Cardiac Screenings (Play Smart)
Dialysis	Perinatal / Child Loss	

## 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](mailto: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](mailto: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](mailto:OR.Foundations@providence.org).*