



► 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 to Providence foundations 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 make payments through payroll deduction, the minimum per fund, per pay period is \$2.

Specific Fund Choices

- Area of Greatest Need
- Behavioral Health/Mental Health Wellness
- Community Teaching Kitchen
- Critical Care Unit
- Helping Hand Fund – \$50,000 match!
- Nursing Scholarship
- 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 Milwaukie 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.
- **Behavioral Health/Mental Health Wellness:** Supports identified projects or services benefitting individuals struggling with issues related to mental illness, substance abuse or domestic violence.
- **Community Teaching Kitchen:** Provides cooking classes for patients and community members, healthy foods for families facing hunger, outpatient nutrition counseling, diabetes education, screenings for food insecurity, and more.
- **Critical Care Unit:** Supports enhancements to our Critical Care facilities, provides advanced training to our Critical Care caregivers and increases access to specialized care.
- **Helping Hand Fund – \$50,000 match!**
- **Nursing Scholarship:** Supports Providence Milwaukie Hospital caregivers interested in advancing their careers through enrollment in a Bachelor of Science Nursing degree program (BSN) or Masters in relevant health care degree programs.

Examples of gifts broken down per pay period

All payroll deductions begin the next open pay period, and continue until 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

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.