



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

**Specific Fund Choices**

- Helping Hand Fund – \$50,000 Match!
- Cancer Research
- COVID-19 Relief Fund
- Area of Greatest Need
- Behavioral Health
- Heart
- Medical Group
- 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	_____
_____	x 26	_____
<b>Total gift to Providence per pay period:</b>	x 26	<b>\$ _____</b>

**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 Portland Medical 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 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 connect with our Mission.

- **Area of Greatest Need:** Supports the hospital in the area that has the most immediate need to ensure that high-quality care continues.
- **Cancer Research:** Supports research to develop new cancer treatments by using the body's immune system.
- **COVID-19 Relief Fund:** Financial resources are critical to help pay for much-needed supplies and equipment and create additional infrastructure as we care for all during this and future emergencies, regardless of ability to pay.
- **Heart Fund:** Provides a comprehensive range of medical and surgical treatments for heart disease.
- **Behavioral Health:** Supports projects or services benefiting individuals struggling with issues related to mental illness, substance abuse or domestic violence.
- **Helping Hand Fund – \$50,000 match!**
- **Medical Group Fund:** Provides health services not funded through insurance, such as diabetes classes, access to needed supplies, caregiver education and more at PMG outpatient clinics.

### 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).*