



► 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, 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
- Heart - Support the new cardiac rehab expansion!
- Helping Hand Fund – \$50,000 match!
- Providence Cares
- 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	_____
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 Seaside Hospital 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 Seaside 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!*

When you support Providence foundations, you connect with our Mission.

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 the following:

- **Area of Greatest Need Fund:** Supports areas in the hospital with the most immediate needs to ensure high-quality care continues.
- **Heart:** Supports the new cardiac rehabilitation center and Basecamp for heart patients.
- **Helping Hand Fund – \$50,000 match!**
- **Providence Cares Fund:** Provides medical, dental, preventive and community-based services to those who are underserved in the north coast area.

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

Behavioral Health	Palliative Care
Cancer	Telemedicine
Pet Therapy	Women and Children's Services
Home Health	

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.

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.