



► 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 \_\_\_\_\_

► **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

A description of these funds is given on the back of this page. If you do not indicate a specific fund, your donation will be credited toward the Where Need is Greatest Fund. If you choose to make payments through payroll deduction, the minimum per fund, per pay period is \$2.

### Specific Fund Choices

- ☐ Brain and Spine
- ☐ Cancer Research
- ☐ Children's Health
- ☐ Emergency Services
- ☐ Heart Services
- ☒ Helping Hand Fund—\$50,000 match!
- ☐ Where Need is Greatest
- ☐ 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	_____
_____	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 St. Vincent 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 are connecting with our Mission. Here are some of the funds to which you may direct your gift:

- **Brain and Spine:** Supports comprehensive neuroscience services and excellent patient care.
- **Cancer Research:** Supports research to develop new cancer treatments by using the body’s immune system.
- **Children’s Health:** Supports programs and services that impact and improve the lives of children and families.
- **Emergency Services:** Supports an expanded and renovated emergency department.
- **Heart Services:** Supports investments in new technology, research and program development.
- **Helping Hand Fund – \$50,000 match!**
- **Where Need is Greatest:** Supports the hospital in the area that has the most immediate need to ensure that high-quality care continues.

## Examples of gifts broken down per pay period

All payroll deductions begin the next open pay period, and continue indefinitely until your discontinue them by emailing [OR.Foundations@providence.org](mailto:OR.Foundations@providence.org).

Per-Pay-Period Gift Amount	Annual Total Gift	Per-Pay-Period Gift Amount	Annual Total Gift	Per-Pay-Period Gift Amount	Annual Total Gift
\$2	\$52	\$11	\$286	\$20	\$520
\$3	\$78	\$12	\$312	\$25	\$650
\$4	\$104	\$13	\$338	\$30	\$780
\$5	\$130	\$14	\$364	\$35	\$910
\$6	\$156	\$15	\$390	\$40	\$1,040
\$7	\$182	\$16	\$416	\$45	\$1,170
\$8	\$208	\$17	\$442	\$50	\$1,300
\$9	\$234	\$18	\$468		
\$10	\$260	\$19	\$494		

## 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).