

**Thank you for your support of the Providence Mission
and for the work you do every day!**

Name: _____
Home Address: _____
City: _____ State: _____ Zip: _____
Phone: () _____
Email: _____
Employee ID # (required): _____
Department: _____
Campus/Clinic: _____



Questions? Email melanie.miller@providence.org

Find Your Passion. Invest There.

**You can give to where the need is greatest or to a specific ministry. For more information,
visit providence.org/givinginw, click on Ways to Give/Employee Giving/Questions.**

Option 1: Payroll Deduction

Please indicate amount per pay period that you wish to donate to each fund (**\$2 minimum per fund**)

Giving Options	Per Pay Period
Area of Greatest Need	\$ _____
Children's Area of Greatest Need	\$ _____
Employee Help Fund	\$ _____
Providence Holy Family Hospital	\$ _____
Providence Mount Carmel Hospital	\$ _____
Providence St. Joseph's Hospital	\$ _____
Providence St. Luke's Community Fund	\$ _____
Other _____	\$ _____

Specify the hospital/program of your choice.

Your generous payroll deduction gifts will continue until you notify us to change or end your deductions.

Option 2: One-Time Donation

- Cash/check - Please make check payable to Providence Inland Northwest Foundation
- Credit Card - Make a secure donation at: providence.org/givinginw, click on Ways to Give/Employee Giving and then on Give Now or call 509-474-4917.
- My total one-time gift amount is: \$ _____ Fund: _____

**Please return completed form to : Providence Inland Northwest Foundation
101 W 8th Ave. Spokane, WA 99204 | Office: 509-474-4917 | Fax: 509-474-4813 | providence.org/givinginw**

Signature (required): _____ **Date:** _____

The Foundation publishes an honor roll of donor names. I wish to remain anonymous. I want to learn about providing for Providence in my estate plan.