



## PROVIDENCE EMPLOYEE GIVING PROGRAM

The Employee Giving Program gives you an opportunity to support a cause that is close to your heart. Your gift has a significant impact on the health and well-being of our community. Thank you for your support! Visit [www.providence.org/eg](http://www.providence.org/eg) to view fund options and make a payroll deduction gift online.

### GIVE YOUR WAY

#### 1 CHOOSE THE AREAS YOU WANT TO SUPPORT *(Select one or more)*

Minimum payroll deduction per fund per pay period is \$5.00

Per Pay Period  
(26 pay periods)      One Time Gift

Greatest Need Fund .....	\$ _____	\$ _____
Providence Centralia Hospital Fund .....	\$ _____	\$ _____
Providence St. Peter Hospital Fund .....	\$ _____	\$ _____
Providence Medical Group Fund .....	\$ _____	\$ _____
Providence Mother Joseph Care Center Fund .....	\$ _____	\$ _____
Providence SoundHomeCare & Hospice .....	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

☐ I want my gifts to be anonymous

TOTAL ..... \$ \_\_\_\_\_ \$ \_\_\_\_\_

#### ☐ I WANT TO JOIN THE I GIVE ONE HOUR CLUB

#### 3 BECOME A ONE HOUR CLUB MEMBER

Join with other Providence caregivers who demonstrate their pride and generosity by donating the equivalent of one hour of pay, or more, per pay period for at least one year (or a one-time donation of the same amount).

##### Benefits Include:

- \* I Give One Hour Welcome Kit (special badge reel, water bottle and locally sourced goodies)
- \* Name recognition on the One Hour donor wall
- \* Name recognition in foundation publications
- \* An invitation to special events
- \* Gifts totaling \$1,000 or more qualify for membership in the Providence Society (see back for more details)



#### YOUR INFORMATION

4 Full Name \_\_\_\_\_  
Employee Id # \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
City, State Zip \_\_\_\_\_  
Phone # \_\_\_\_\_ ☐ Cell ☐ Home  
Email \_\_\_\_\_  
Signature \_\_\_\_\_

If joining the **I Give One Hour club**, please list below how you would like your name listed on the caregiver donor wall \_\_\_\_\_

#### Please return completed form to:

Providence Southwest Washington Foundation  
413 Lilly Road NE  
Olympia, WA 98506  
(360) 493-7981  
[providenceSWfoundation@providence.org](mailto:providenceSWfoundation@providence.org)

For more information or if you have questions, please contact the foundation.

### HOW WOULD YOU LIKE TO CONTRIBUTE

#### 2a PAYROLL DEDUCTION

☐ Recurring Payroll Deductions: I understand this is an ongoing contribution via payroll deduction and will continue until I notify the foundation otherwise. Your deduction will begin within the next two pay periods.

☐ One-Time Payroll Deduction: I understand this one-time payroll deduction will occur within the next two pay periods.

\* You can also sign up online at [www.providence.org/eg](http://www.providence.org/eg). Please note that the deduction will show up on your pay stub as PSPH FND

#### 2b CHECK/CASH/CREDIT CARD

☐ \$1,000 ☐ \$500 ☐ \$100 ☐ \$50 ☐ \$25 ☐ Other \$ \_\_\_\_\_

☐ Check ☐ Cash ☐ American Express ☐ Discover ☐ Mastercard ☐ Visa

Credit Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_

Security Code \_\_\_\_\_ Signature \_\_\_\_\_

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## Most Common Foundation Funds Caregivers Donate To

Caregiver Emergency Assistance  
Cancer/Oncology Care  
Cardiac Care  
Chemical Dependency Support  
No One Dies Alone  
Palliative Care

PAAA/T Animal Therapy (PSPH)  
PAWS Animal Therapy (PCH)  
Providence Community Care Center  
Sexual Assault and Child Maltreatment Clinic  
Sister Carolyn Patient Assistance (PCH)  
Sister Rita Patient Assistance (PSPH)

## Providence Society



You're invited to join a very special group of friends and supporters who believe in and want to further the compassionate mission of the Sisters of Providence in our community. For more than a century the Sisters of Providence have provided human services and health care excellence to the Southwest area of Washington. Membership in the Providence Society celebrates and encourages this hopeful mission now and for the future. Membership is available to donors who contribute \$1,000 or more in a calendar year. This can be a single gift or cumulative contributions. Annual contributions from members make an important difference in the health and well-being of our community. Gifts are allocated according to the donor's wishes or may be designated to the foundation's Greatest Need Fund.

Benefits include:

- \* An invitation to the annual Providence Society reception
- \* An invitation to special events
- \* Name recognition in foundation publications