



Become a MISSION MAKER

Join thousands of Providence caregivers supporting our Mission by making a charitable gift. Your gift makes a difference. Thank you!

NAME _____ EMPLOYEE ID# _____

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 - South Division in support of our Mission.

You may choose to specify a fund that is meaningful to you. If you do not note a specific fund, your donation will be credited toward the Area of Greatest Need. If you choose to make payments through payroll deduction, the minimum per fund per pay period is \$5.

Providence Foundations

Specific Fund Choice(s)

Per Pay Period

Annual Total

<input type="radio"/> Petaluma Valley Hospital Foundation	_____	_____	x 26	_____
<input type="radio"/> Providence Holy Cross Foundation	_____	_____	x 26	_____
<input type="radio"/> Providence Little Company of Mary Foundation	_____	_____	x 26	_____
<input type="radio"/> Providence Mission Hospital Foundation	_____	_____	x 26	_____
<input type="radio"/> Providence Redwood Memorial Foundation	_____	_____	x 26	_____
<input type="radio"/> Providence Saint Joseph Foundation (Burbank)	_____	_____	x 26	_____
<input type="radio"/> Providence Santa Rosa Memorial Hospital Foundation	_____	_____	x 26	_____
<input type="radio"/> Providence St. Joseph Hospital Foundation (Eureka)	_____	_____	x 26	_____
<input type="radio"/> Providence St. Joseph Hospital Foundation (Orange)	_____	_____	x 26	_____
<input type="radio"/> Providence St. Jude Memorial Foundation	_____	_____	x 26	_____
<input type="radio"/> Providence St. Mary Medical Center Foundation	_____	_____	x 26	_____
<input type="radio"/> Providence Tarzana Foundation	_____	_____	x 26	_____
<input type="radio"/> Queen of the Valley Foundation	_____	_____	x 26	_____

Total gift to Providence per pay period: \$ _____ x 26 \$ _____

STEP TWO:

Choose your payment option and sign

Choose payment option:

- NEW recurring payroll deduction donation (All payments will continue indefinitely until you opt out.)
- EDIT my current recurring payroll deduction donation (Changes made above will continue indefinitely until you opt out.)
- I wish for my gift to remain anonymous.

PLEASE SIGN: _____ Date _____

Your signature is *required* to authorize or edit payroll deductions.

- Check enclosed for \$ _____ Please make check payable to the Providence foundation you are donating to.
- Credit card See back of form for list of foundation websites where you can make a secure online donation by credit card.

Please return this form to your foundation office or email to CAFoundation@providence.org.





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Your gift to Providence foundations - South Division

Please see below for the foundation websites with secure online donation forms if you wish to make your gift by credit card.

Petaluma Valley Hospital Foundation.....	foundation.providence.org/pvhmissionmaker
Providence Holy Cross Foundation.....	supportholycross.org/missionmaker
Providence Little Company of Mary Foundation.....	plcmfoundation.org/missionmaker
Providence Mission Hospital Foundation.....	supportmissionhospital.org/missionmaker
Providence Redwood Memorial Foundation.....	foundation.providence.org/redwoodmissionmaker
Providence Saint Joseph Foundation (Burbank).....	supportssaintjoseph.org/missionmaker
Providence Santa Rosa Memorial Hospital Foundation.....	foundation.providence.org/srmhmissionmaker
Providence St. Joseph Hospital Foundation (Eureka).....	foundation.providence.org/stjosephmissionmaker
Providence St. Joseph Hospital Foundation (Orange).....	sjofoundation.org/missionmaker
Providence St. Jude Memorial Foundation.....	stjudememorialfoundation.org/missionmaker
Providence St. Mary Medical Center Foundation.....	supportstmaryfoundation.org/missionmaker
Providence Tarzana Foundation.....	tarzanafoundation.org/missionmaker
Queen of the Valley Foundation.....	thequeen.org/missionmaker

Examples of gifts broken down per pay period

All payroll deductions continue indefinitely until you opt out by emailing CAFoundation@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
\$5	\$130	\$13	\$338	\$25	\$650
\$6	\$156	\$14	\$364	\$30	\$780
\$7	\$182	\$15	\$390	\$35	\$910
\$8	\$208	\$16	\$416	\$40	\$1,040
\$9	\$234	\$17	\$442	\$45	\$1,170
\$10	\$260	\$18	\$468	\$50	\$1,300
\$11	\$286	\$19	\$494	\$55	\$1,430
\$12	\$312	\$20	\$520	\$60	\$1,560