

MONTH OF PHILANTHROPY



NAME:

EMPLOYEE ID#:

☐ **MAKE A GIFT TO PROVIDENCE THROUGH PAYROLL DEDUCTION** DEDUCTIONS BEGIN 1ST PAY PERIOD IN JANUARY

\$5 ☐

\$10 ☐

\$25 ☐

\$50 ☐

\$

☐ **PER PAY PERIOD**

☐ **ONE TIME GIFT**

PLEASE SELECT ONE

Per Pay Period deduction will continue on a recurring basis until you notify the foundation otherwise.

☐ **MAKE A GIFT OF PTO** A ONE-TIME DONATION DEDUCTED FROM YOUR PTO BANK

I would like to donate # OF HOURS hours of PTO to Providence Alaska Foundation

Foundation will receive the net amount of your contribution after taxes have been withheld. There will be no impact on your paycheck.

DESIGNATE MY GIFT TO: FOR MORE INFORMATION VISIT FOUNDATION.PROVIDENCE.ORG/ALASKA

☐ **AREA OF GREATEST NEED**

☐ **CHARITY CARE**

☐ **PATIENT ASSISTANCE**

OTHER:



SIGNATURE:

DATE:

Scan completed form to FOUNDATION@PROVIDENCE.ORG

To donate online, please visit GIVE.PROVIDENCE.ORG/ALASKA/MOP or scan:

MONTH OF PHILANTHROPY



NAME:

EMPLOYEE ID#:

☐ **MAKE A GIFT TO UNITED WAY THROUGH PAYROLL DEDUCTION** DEDUCTIONS BEGIN 1ST PAY PERIOD IN JANUARY

\$5 ☐

\$10 ☐

\$25 ☐

\$50 ☐

\$

☐ **PER PAY PERIOD**

☐ **ONE TIME GIFT**

PLEASE SELECT ONE

Per Pay Period deduction will continue on a recurring basis until you notify the foundation otherwise.

MY UNITED WAY IS:

☐ **ANCHORAGE**

☐ **KENAI PENINSULA**

☐ **MAT-SU**

☐ **SOUTHEAST ALASKA**

☐ **TANANA VALLEY**

☐ **VALDEZ**

DESIGNATE MY GIFT TO: FOR MORE INFORMATION VISIT LIVEUNITEDANC.ORG

☐ **COMMUNITY IMPACT FUND**

☐ **OTHER IMPACT AREA**

WRITE NAME(S) BELOW

☐ **OTHER NONPROFIT ORGANIZATION**

WRITE NAME(S) BELOW

☐ I do not want my name released to the other nonprofit organization(s)



SIGNATURE:

DATE:

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