

Month of philanthropy



Questions? Contact Providence Alaska Foundation at foundation@providence.org.
To donate online, please visit GIVE.PROVIDENCE.ORG/ALASKA/MOP.

DONOR CONTACT INFORMATION

Mr. Mrs. Ms. Other _____

First Name _____ Address _____

Last Name _____ City _____ State _____ ZIP _____

Employee ID# _____ Preferred Phone _____

I wish for this gift and future giving to remain anonymous Preferred Email _____

Department _____

PAYROLL DEDUCTION INFORMATION

See back of form for fund designations and examples of gifts broken down per pay period. If a specific fund is not noted, 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 \$1.

MY GIFT TO PROVIDENCE ALASKA FOUNDATION

Providence fund designation

Per pay period	Annual total*
\$ _____ x26	\$ _____
\$ _____ x26	\$ _____
\$ _____ x26	\$ _____
A one-time gift of:	\$ _____
Total gift to Providence:	\$ _____

*Your gift will continue on a recurring basis until you notify the foundation otherwise.

MY GIFT TO UNITED WAY

I want my gift to go to the following United Way in Alaska: Anchorage Mat-Su Valdez

United Way fund designation

- Community Fund: Greatest needs in health, education and financial stability
- Education: Keeping at-risk youth on track to earn their diplomas
- Fight Homelessness: Prevention, rehousing, help for those in need
- Alaska 2-1-1: Statewide help line connects Alaskans in need to resources
- Organization(s): _____

Per pay period	Annual total*
\$ _____ x26	\$ _____
\$ _____ x26	\$ _____
\$ _____ x26	\$ _____
\$ _____ x26	\$ _____
\$ _____ x26	\$ _____
A one-time gift of:	\$ _____
Total gift to United Way:	\$ _____

*Your gift will continue on a recurring basis until you notify United Way otherwise.

I do not want my name released to the organization(s). By checking here I acknowledge I will not receive gift recognition or acknowledgement from the organization(s).

I wish to exclude the following organization(s): _____

ALTERNATE PAYMENT INFORMATION

CASH / CHECK / CREDIT CARD / PTO

Cash/Check enclosed for \$ _____ to support _____ fund.

Please make check(s) payable to Providence Alaska Foundation and/or United Way. Separate checks required when donating to both organizations.

Credit Card: Please visit GIVE.PROVIDENCE.ORG/ALASKA to make a secure online donation.

PTO Donation: *Providence Health & Services Alaska caregivers only.* System employees are not able to donate PTO at this time.

_____ Hours of paid time off to support _____ fund.

This is a one-time donation to be deducted upon receipt by payroll. The foundation will receive the net amount of your contribution after taxes have been withheld.

Employees will see no net impact on their pay.

SIGNATURE

Please sign

_____ Date _____

Your signature is required to authorize payroll deductions. Gifts begin on first pay period in January, unless otherwise noted.

Please return to foundation via interoffice mail or scan and email to foundation@providence.org.

When you support Providence Alaska Foundation, you furthering the mission of Providence, and building a healthier Alaska. Below are some departments and programs to which you may designate your gift.

- 3W Orthopedics
- 4N Surgical Unit
- 5N Medical Oncology
- Adolescent Behavioral Health
- Adolescent Residential Treatment
- Adult Critical Care
- Alaska CARES
- Alaska Family Medicine Residency
- Area of Greatest Need
- Behavioral Health Services
- Cancer Center
- Continuing Medical Education Endowment
- Emergency Department
- Caregiver Emergency Assistance
- Forensic Nursing Services of Providence
- Friends of Nursing
- Green 4 Good
- Heart Center
- Hickel House
- Home Health Care
- Horizon House
- Hospice
- Mission in Community
- Newborn Intensive Care Unit
- No One Dies Alone (NODA)
- Palliative Care
- Patient Assistance
- Pet Assisted Wellness Services (PAWS)
- Physical Therapy
- Progressive Care Unit
- Providence Alaska Foundation Endowment
- Providence Extended Care
- Providence Health International
- Providence Kodiak Island Medical Center
- Providence Seward Medical Center
- Providence Seward Mountain Haven
- Providence Transitional Care
- Providence Valdez Medical Center
- Safe Kids Alaska
- Spiritual Care
- Surgical Services
- TCHAP Family Support Services
- The Children’s Hospital at Providence
- Trauma Department
- Volunteer Services

UNITED WAY FUNDS

Your gift to United Way is an investment in your community. For specific donor option policies, contact your local United Way. The following are options to which you may designate your gift:

UNITED WAY OF ANCHORAGE

907-263-3814 | liveunitedanc.org

Community Fund—Help with greatest needs

Education—Keeping at-risk youth on track to earn their diplomas

Fight Homelessness—Prevention, swift rehousing, intensive help for hardest to house

Alaska 2-1-1—Statewide helpline connects Alaskans in need to services that can help

UNITED WAY OF MATANUSKA-SUSITNA BOROUGH

907-373-5807 | unitedwaymatsu.org

Education – All children enter school ready to learn and graduate prepared for careers

Income – All residents are economically stable and self-sufficient

Health – A healthy, safe and thriving community

VALDEZ UNITED WAY

info@valdezunited.org

Meeting the basic needs of people in crisis to promote wellness; helping children and youth succeed; supporting the elderly and people with disabilities; promoting self-sufficiency and strengthening our community

For a full list of statewide service partners, visit liveunitedanc.org, click on “Campaign portal,” “Campaign toolkit,” “Campaign documents,” and then “Statewide Pledge Form.”

CALCULATING YOUR PLEDGE

Per-pay-period pledge amount	One-year total gift	Per-pay-period pledge amount	One-year total gift	Per-pay-period pledge amount	One-year total gift
\$5.00	\$130.00	\$40.00*	\$1040.00	\$100.00*	\$2600.00
\$10.00	\$260.00	\$45.00*	\$1170.00	\$125.00*	\$3250.00
\$15.00	\$390.00	\$50.00*	\$1300.00	\$150.00*	\$3900.00
\$20.00	\$520.00	\$60.00*	\$1560.00	\$175.00*	\$4550.00
\$25.00	\$650.00	\$70.00*	\$1820.00	\$200.00*	\$5200.00
\$30.00	\$780.00	\$80.00*	\$2080.00	\$250.00*	\$6500.00
\$35.00	\$910.00	\$90.00*	\$2340.00	\$300.00*	\$7800.00

*A gift of \$1,000 or more designates donors as part of the Mother Joseph Society at Providence, or as a Leader in Giving at United Way.

The Providence Alaska Foundation and United Way of Anchorage are 501(c)3 nonprofit organizations. For gifts to Providence, you will receive a receipt in the mail for tax purposes. To claim a tax deduction for payroll deduction gifts to United Way, you must keep a copy of your pledge form and a copy of your year-end pay stub or a copy of your W-2 form.