

MONTH OF PHILANTHROPY



NAME:

EMPLOYEE ID#:

MAKE A GIFT TO PROVIDENCE THROUGH PAYROLL DEDUCTION DEDUCTIONS BEGIN 1ST PAY PERIOD OF 2024

\$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 _____ hours of PTO to Providence Alaska Foundation
OF HOURS

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

ADOLESCENT BEHAVIORAL HEALTH

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 OF 2024

\$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:

Scan completed form to FOUNDATION@PROVIDENCE.ORG To donate online, please visit GIVE.PROVIDENCE.ORG/ALASKA/MOP or scan:

