

Your contribution may be designated for use in one of several funds. This allows you to direct how the contribution is used.	<b>DONATION GUIDE</b>	
	If you pledge this amount    Your annual contribution will be:	
<ul style="list-style-type: none"> <li>• <b>Camp Bluebird</b>/Adult camp for cancer survivors</li> <li>• <b>Cancer Fund</b>/To benefit patients served by the cancer center</li> <li>• <b>Heart Fund</b>- To support the work of our cardiac programs</li> <li>• <b>1854 Emergency Fund</b>- Emergency assistance for hospital employees</li> <li>• <b>Where the need is greatest</b></li> <li>• <b>Other</b></li> </ul>	Per pay period	
	\$ 2.00	\$ 48.00
	\$ 5.00	\$120.00
	\$10.00	\$240.00
	\$20.00	\$360.00
	All contributions to Providence Foundation are tax-deductible To the extent allowed by law.	

<b>ASSOCIATE PLEDGE FORM FOR PROVIDENCE FOUNDATION</b>			
<b>PAYROLL GIFT</b>	<b>GIFT PER PAY PERIOD</b>		
I authorize a donation to begin on _____ and to continue until canceled.			Total amount Pledged \$ _____
<b>VACATION GIFT</b>	I authorize a donation of vacation hours to be given to Providence Foundation on _____		
<input type="checkbox"/> 8 vacation hours	<input type="checkbox"/> 12 vacation hours	<input type="checkbox"/> 16 vacation hours	<input type="checkbox"/> _____ hours
*max donation per year is 40 hours and 40 hours must be left after donation. Vacation donation is not tax deductible.			
Print Name: _____ Telephone: _____ Dept. _____ Date: _____			
Address: _____ Signature: _____			