



Thank you for your ongoing support of the Providence Mission, and for the work you do every day!

| Name | | Employee # — | | |
|---|------------------------------------|-------------------|---|--|
| Department | | Telephone | elephone | |
| | | | | |
| Name as it should appear for re | cognition | | | |
| ☐ I am a NEW Mission Make | r 🗖 I am a CURRENT Missio | on Maker and w | ould like to change my level of giving | |
| OPTION 1: ONGOING PAYROLL DEDUCTION | | \$ | Area of Greatest Need | |
| Please indicate amount per pa | y period that you wish to donate | | | |
| to each fund. (\$5 minimum amount per fund.) | | \$ | Nursing Excellence & Education | |
| My total deduction per pay period is: | | \$ | Total of all indicated above | |
| This is an ongoing contribution OPTION 2: ONE-TIME DON | | e Foundation if | I wish to stop or change my deduction. | |
| ☐ Cash ☐ Check payable | to Providence Little Company of Ma | ry Foundation | | |
| ☐ Please charge \$ | _ to my: | \$ | Area of Greatest Need | |
| ☐ MasterCard ☐ Visa | □ AmEx □ Discover | \$ | Nursing Excellence & Education | |
| | My total one-time gift amount i | s: \$ | Total of all indicated above | |
| Credit Card Number | | | Expiration | |
| | | | Security Code | |
| | | | | |
| City | St | ate | Zip | |
| ☐ I would like to include Provid | ence Little Company of Mary Medica | al Center in my e | estate plans, will or trust. Please contact me. | |
| SIGNATURE (required for all | options) | | DATE | |

FREQUENTLY ASKED QUESTIONS

How does my contribution help?

Your donation stays with and directly benefits YOUR medical center to help purchase items not otherwise covered through the operating budget, like medical equipment that needs to be replaced or upgraded, clinical education and training, new and improved technology, and so on.

In 2019, Providence Southern California caregivers donated over \$620,000 to support our ministries!

These are some of the things that Mission Makers and other Foundation donors have made possible here at Providence Little Company of Mary Medical Center:

- Supported the ongoing expansion of the San Pedro Emergency Department, now under construction, which will include 28 beds and equipment upgrades.
- Purchased a bionic arm robot system for the Rehabilitation Services Department.
- Provided professional **development and training** for our nurses and clinical staff, including conferences and other educational opportunities.

Is my donation tax-deductible?

Yes! Your donation is tax-deductible to the extent permitted by law. In accordance with the IRS tax guidelines, the fair market value (FMV) of your thank-you gifts may be subtracted from your donation on your annual giving statement, depending on the amount of your contribution and benefits received. For details, please consult your tax advisor.

If your total annual donation is \$250 or more, you will automatically receive a letter in January for tax purposes; for donations less than \$250 per year, we are happy to send you a tax substantiation letter upon request.

If I donate through payroll deduction, can I change or stop my contribution?

Absolutely – while we hope that you will continue your donation for at least a year, you are free to make changes at any time. If you would like to make a change to the amount, or to stop your payroll deduction, please contact the Foundation at 310-303-5340 and we will be glad to take care of your request.

Thank you for your commitment and support – you truly make a difference!

| For Internal Use Only | | | | |
|-----------------------------------|-----|-----------------------|--|--|
| □ Badge Holder □ Incentives □ DEO | 808 | GL PR RE Ops | | |