

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

Name \_\_\_\_\_ Employee # \_\_\_\_\_

Department \_\_\_\_\_ Telephone \_\_\_\_\_

Home Address \_\_\_\_\_

Name as it should appear for recognition \_\_\_\_\_

- I am a **NEW** Mission Maker     I am a **CURRENT** Mission Maker and would like to change my level of giving

**OPTION 1: ONGOING PAYROLL DEDUCTION**

**Please indicate amount per pay period that you wish to donate to each fund. (\$5 minimum amount per fund.)**

\$ \_\_\_\_\_ Area of Greatest Need

\$ \_\_\_\_\_ Nursing Excellence & Education

**My total deduction per pay period is:**

\$ \_\_\_\_\_ **Total of all indicated above**

This is an ongoing contribution. I am responsible for notifying the Foundation if I wish to stop or change my deduction.

**OPTION 2: ONE-TIME DONATION**

- Cash     Check payable to Providence Little Company of Mary Foundation

Please charge \$ \_\_\_\_\_ to my:

- MasterCard     Visa     AmEx     Discover

\$ \_\_\_\_\_ Area of Greatest Need

\$ \_\_\_\_\_ Nursing Excellence & Education

**My total one-time gift amount is:**

\$ \_\_\_\_\_ **Total of all indicated above**

Credit Card Number \_\_\_\_\_ Expiration \_\_\_\_\_

Name (as it appears on credit card) \_\_\_\_\_ Security Code \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

- I would like to include Providence Little Company of Mary Medical Center in my estate plans, will or trust. Please contact me.

**SIGNATURE** (required for all options) \_\_\_\_\_ **DATE** \_\_\_\_\_

**Please return completed form to: Providence Little Company of Mary Foundation, Torrance**

**4101 Torrance Boulevard, Torrance, CA 90503 | Office: 310-303-5340 | Fax: 310-540-8664**

**You can also donate online! Visit: [www.ProvidencePowerOfGiving.org/MissionMakers](http://www.ProvidencePowerOfGiving.org/MissionMakers)**

## 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 renovations at the **Women's Imaging Center** in order to improve the patient experience.
- Supported the construction of a new Ortho/Spine Institute within **Providence Little Company of Mary's Advanced Care Center**.
- 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

- |                                       |                              |
|---------------------------------------|------------------------------|
| <input type="checkbox"/> Badge Holder | <input type="checkbox"/> GL  |
| <input type="checkbox"/> Incentives   | <input type="checkbox"/> PR  |
| <input type="checkbox"/> DEO          | <input type="checkbox"/> RE  |
|                                       | <input type="checkbox"/> Ops |
|                                       | 8075                         |