



TOGETHER WE ARE STRONGER.

yes! I want to make a gift to the employee giving campaign!



Helping Hand provides short-term assistance to Legacy Health employees experiencing financial emergencies. Funds can cover everything from rent and utilities, to medical bills.



Patient Assistance provides much-needed support to patients who do not have the financial resources to meet basic living needs affecting their health. Funds assist with items such as medical supplies, prescription relief, transportation to medical appointments and even food, clothing, and housing.



Food Support provides groceries to patients and families who are experiencing food insecurity.

designation options

Foundation/Medical Site

FUND NAME (OPTIONAL)

ONE-TIME DONATION

OR

PER PAY PERIOD

\$

\$

\$

\$

\$

\$

United Way of the Columbia-Willamette

\$

\$

If you selected "Directed Giving," please list the full organization name

ORGANIZATION NAME (Must be tax-exempt 501(c)(3))

STREET, CITY, STATE, ZIP

Black United Fund of Oregon

\$

\$

For one-time donations:

Check. (Please make payable to the Foundation/
Medical Site you choose to support).

To make a secure credit card payment,
please visit: legacyhealthgiving.org/egc

**One-time gifts require a \$5 minimum*

For payroll deduction:

Until this amount is reached \$ _____ .00

Sustaining gift (If you choose this option, deductions will occur every pay period with no end date. If you would like to change or end your gift in the future, please notify Philanthropy in writing).

**Payroll deductions require a \$2 minimum*

Total \$

your information

Employee ID # _____ Employee name _____

REQUIRED (Note: this is also how you will be listed for donor recognition purposes.)

Daytime phone # _____ ☐ I do not want my name on donor lists

Email _____

LHSEC21

your signature is required to complete your gift

Signature _____ Date _____

Please mail your completed form to P.O. Box 4500 Unit 96 Portland, OR 97208 or email to giving@lhs.org

thank you for your support

