



| My Information                                                                                                                                                                                                                                                                       |                                                                                                                                |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|
| * Full Name:                                                                                                                                                                                                                                                                         | Employee I.D. #:                                                                                                               |
| * Work Location:                                                                                                                                                                                                                                                                     | * Department:                                                                                                                  |
| Mobile Phone:                                                                                                                                                                                                                                                                        | * Work Email:                                                                                                                  |
| * denotes a required field                                                                                                                                                                                                                                                           | ☐ I would like my gift to remain anonymous.                                                                                    |
|                                                                                                                                                                                                                                                                                      |                                                                                                                                |
| I would like to donate                                                                                                                                                                                                                                                               |                                                                                                                                |
| ☐ Cash or Check                                                                                                                                                                                                                                                                      | ☐ Credit/Debit Card                                                                                                            |
| Return your check (make checks out to Plainview Foundation) or cash, with this completed form, to the                                                                                                                                                                                | To make a one-time gift, or set up a recurring credit/debit card donation (processed on the 10 <sup>th</sup> of each month, or |
| foundation office.                                                                                                                                                                                                                                                                   | every other Friday), please visit our online form at Give.                                                                     |
| Donation Amount: \$                                                                                                                                                                                                                                                                  | chihealth.com/PlainviewAnnual.                                                                                                 |
| I would like my gift to support                                                                                                                                                                                                                                                      |                                                                                                                                |
| ☐ General Capital/Equipment: Funds can be used to purchase, upgrade, or maintain equipment and other items to support hospital operations, enhance patient care, aid in research, and increase staff productivity.                                                                   |                                                                                                                                |
| ☐ CHI Health Clinics Patience Assistance: Funds benefit patients treated at CHI Health clinics by providing assistance for prescription medications, transportation, and other health reated needs for patients who qualify.                                                         |                                                                                                                                |
| ☐ End of Life Comfort Care: Funds will provide comfort carts that have supportive reading materials, music, and light refreshments for families so they do not have to leave their loved one's bedside.                                                                              |                                                                                                                                |
| ☐ Faith, Hope, & Love: The purpose of Faith, Hope & Love is to provide emergency financial assistance to your fellow workers during times of need. Funded exclusively by employee contributions, this fund is administered by CHI Health to current employees who meet the criteria. |                                                                                                                                |
| ☐ Infant Bereavement: Funds will supply grief support resord of a baby during pregnancy, at birth or shortly after birth semi-annual memorial and committal services, and burians                                                                                                    | . Funds are used to purchase memory boxes, keepsake items,                                                                     |
| ☐ Other (write in your choice)                                                                                                                                                                                                                                                       |                                                                                                                                |



Scan this code to make your donation online!

Thank you for your support! Please return forms to:

CHI Health Plainview Foundation 704 N 3<sup>rd</sup> St, Plainview, NE 68769-2047 Questions? Contact Diane Blair 402.582.4245 x1330 or Diane.Blair@chihealth.com





# **Campaign Funds**

### **PLAINVIEW FOUNDATION**

General Capital/Equipment: Funds can be used to purchase, upgrade, or maintain equipment and other items to support hospital operations, enhance patient care, aid in research, and increase staff productivity.

## **CHI HEALTH CLINICS**

Patience Assistance: Funds benefit patients treated at CHI Health clinics by providing assistance for prescription medications, transportation, and other health reated needs for patients who qualify.

#### **CHI HEALTH FOUNDATION**

End of Life Comfort Care: Funds will provide comfort carts that have supportive reading materials, music, and light refreshments for families so they do not have to leave their loved one's bedside.

Faith, Hope, & Love: The purpose of Faith, Hope & Love is to provide emergency financial assistance to your fellow workers during times of need. Funded exclusively by employee contributions, this fund is administered by CHI Health to current employees who meet the criteria.

Forensic Nurse Examiner Program: The program seeks to reduce the physical and psychological trauma of sexual assault, human trafficking and domestic violence through sensitive and timely medical examinations performed by specially trained nurse examiners.

Infant Bereavement: Funds will supply grief support resources to patients and their families who experience the loss of a baby during pregnancy, at birth or shortly after birth. Funds are used to purchase memory boxes, keepsake items, semiannual memorial and committal services, and burial assistance on a limited basis.

## **TANZANIA MINISTRY**

Machame School of Nursing: Your gift will help with the cost of tuition, room and board. A full scholarship is \$1,700.

Houses for Health: Your gift helps with the cost of building a small basic, dry safe house. The cost to build a house is \$3,400.

Clinical Officer Program/PA: Your gift will help with the cost of tuition, room and board. A full scholarship is \$1,700.

# **OTHER OPTIONS**

- Behavioral
- Cardiovascular
- Diagnostic Imaging
- Emergency Medicine
- Neuroscience
- Oncology
- Orthopedics
- Rehabilitation
- Women's