

St. Elizabeth/Nebraska Heart Foundation 2021 Annual Campaign



My personal information

* Full Name: _____

* Address: _____

* City: _____ State: _____ Zip: _____

* denotes a required field

* Primary Email: _____

Primary Phone: _____ Home (Landline) Cell

Birthday (MM/DD): _____

I would like my gift to remain anonymous.

I would like to donate...

For a one-time gift, please enter the total amount you would like to donate. For a monthly donation please enter the amount you would like to donate per month.

Per month One time Amount: \$ _____

Payment Method

by Check or Cash

Make your check out to CHI Health St. Elizabeth/Nebraska Heart Foundation and return the check or cash with this completed form to your foundation office.

by Credit/Debit Card

To make a one-time gift, or set up a monthly deduction (processed on the 10th of the month), please visit our online form at GIVE.CHIHealth.com/Caring. To make a donation by phone please call the foundation at (402) 219-7052.

Direct Debit Authorization (ACH) and Waiver

Direct Debit: To make a one-time ACH gift, or set up a monthly ACH deduction (to be processed on the 10th of each month), please visit our online donation form at GIVE.CHIHealth.com/Caring, or attach a voided check to this form.

I authorize CHI Health St. Elizabeth/Nebraska Heart Foundation to initiate a debit entry to my account, and for my financial institution to debit the account for charitable donations. This authority is to remain in effect until the foundation has received written/email notification from me of its termination. I understand that the information on this form will be entered into the foundation database and will be used to administer this donation, send acknowledgements, tax-statements, etc.

Signature: _____ Date: _____

ATTACH A VOIDED CHECK TO THIS FORM



St. Elizabeth Foundation
Nebraska Heart Foundation

Thank you for your support! Please return this form to:

CHI Health St. Elizabeth/Nebraska Heart Foundation
555 S 70th St, Lincoln, NE 68510
Fax: (402) 219-8979
Questions? Contact Valerie Murphy at VMurphy@stev.org or (402) 219-7052
To donate online, visit Give.CHIHealth.com/Caring

St. Elizabeth/Nebraska Heart Annual Campaign 2021 Funds

In support of St. Elizabeth, Nebraska Heart, The Physician Network, and our affiliates

St. Elizabeth Funds

- Bridges & Infant Loss
- Burn Camp for Kids
- Burn Trauma Unit
- Cancer Institute
- Cardiopulmonary Rehab
- Career Mentoring
- Chapel
- Clinical Equipment
- Critical Care (ICU)
- Emergency Room
- Emergency Room HVAC
- Employee Emergency Fund
- Environmental Services
- Flowers of Hope
- Garden
- Healing Environment
- Hospice
- Laboratory
- Lizzies Locker
- Neonatal Intensive Care Unit (NICU)
- NICU Parent Support
- Nursery
- Nursing Leadership Scholarship
- Nurses Week
- Nursing
- Nursing Professional Development
- Orthopedics
- Palliative Care
- Pastoral Care
- Path Around the Lake
- Patient Emergency & Hardship Charity Care
- Patient/Family Activity Cart
- Pediatrics
- Perinatal
- Pharmacy
- Physical Therapy
- Plant Services
- Progressive
- Radiation Therapy
- Radiology
- Respiratory Care
- Short Stay
- Sister Barbara Ann Roses
- Sister Elaine Herold Memorial Scholarship
- Stroke
- Surgery
- Volunteer Services
- Wound Care

Nebraska Heart Funds

- Nebraska Heart Ambulance Canopy
- Nebraska Heart Nursing
- Nebraska Heart Respiratory Care
- Nebraska Heart Scholarships
- Nebraska Heart Spiritual Environment
- Nebraska Heart Surgery

The Physician Network Funds

- TPN General Equipment
- TPN General Programs
- TPN General Technology