

# St. Elizabeth/Nebraska Heart Foundation 2021 Annual Campaign



## My personal information

\* Employee ID: \_\_\_\_\_  
\* Full Name: \_\_\_\_\_  
\* Department: \_\_\_\_\_  
Spouse/Partner Name: \_\_\_\_\_  
\* Address: \_\_\_\_\_  
\* City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Primary Phone: \_\_\_\_\_ ☐ Home (Landline) ☐ Cell  
\* Work Email: \_\_\_\_\_  
Birthday (MM/DD): \_\_\_\_\_  
\* denotes a required field

## I would like to donate through payroll deduction...

NOTE: If you are unsure if you are eligible, please see the back of this form, or call the foundation at (402) 219-7052.

### ☐ Specific Amount (for eligible employees)

Please deduct the following amount (per pay period, or one-time, as noted below).

- ☐ Start my deduction on January 1, 2021  
☐ Start my deduction the next available pay period.  
☐ Per pay period ☐ One time Amount: \$ \_\_\_\_\_

### ☐ Salary (for eligible employees)

Please deduct the equivalent of one or more hours of my pay (per pay period, or one-time, as noted below).

- ☐ Start my deduction on January 1, 2021  
☐ Start my deduction the next available pay period.  
☐ Per pay period ☐ One time Amount: \$ \_\_\_\_\_

Estimated hourly salary is: \_\_\_\_\_

### ☐ PTO (for eligible employees)

Please deduct the following number of PTO hours (per pay period, or one-time, as noted below).

- ☐ Start my deduction on January 1, 2021  
☐ Start my deduction the next available pay period.  
☐ Per pay period ☐ One time Amount: \$ \_\_\_\_\_

Estimated hourly salary is: \_\_\_\_\_

I authorize CHI Health to withhold my payroll deduction as indicated above. Payroll deductions will continue until I notify the Foundation to stop\*. I understand that the information on this form will be entered in the Foundation database and used to administer this donation, send acknowledgements and tax statements, etc.

\*You will receive renewal form each year which will allow you to update the amount of your donation and designated fund(s), if you wish

\* Signature: \_\_\_\_\_ \* Date: \_\_\_\_\_

## YES! My gift qualifies me to be a member of the 2021 Annual Campaign Hour Club!

It's easy! Simply donate an amount equal to one hour of wages per pay period, for 26 hours per year! Just 13 hours per year for part-time employees!

## I would like my gift to support...

### St. Elizabeth/Nebraska Heart:

- ☐ Employee Hardship  
☐ Patient Emergency & Hardship

### St. Elizabeth:

- ☐ Emergency Room HVAC

### Nebraska Heart:

- ☐ Ambulance Canopy

**Other:** A selection of our most popular funds are highlighted on page three!

My choices are: \_\_\_\_\_

### ☐ United Way

Cash, check, payroll deduction, or PTO **only**. Please return this completed form with your donation back to your local foundation office.

☐ I would like my gift to remain anonymous.

### PLEASE NOTE

- Payroll deductions must be a minimum of \$5 per pay period.
- If you select more than one fund, you must contribute at least \$5 per pay period per fund. Your total donation will be divided equally between all funds selected.

### Other ways to give:

- Online giving: One-time gift or monthly payments via credit/debit card or ACH - visit [Give.CHIHealth.com/Caring](https://Give.CHIHealth.com/Caring)
- Pledge form: Direct Debit (form page 2), cash, or check. Please return the completed form, along with your gift, to your local development office.



**St. Elizabeth Foundation  
Nebraska Heart Foundation**

**Thank you for your support! Please return forms to:**

CHI Health St. Elizabeth Foundation  
555 S 70th St, Lincoln, NE 68510 | [Give.CHIHealth.com/Caring](https://Give.CHIHealth.com/Caring)  
Questions? Contact Valerie Murphy at (402) 219-7052

## Ways to give to the 2021 Annual Campaign

Type of employee or affiliate*	Automatic Bank Withdrawal	Cash or Check	Credit/ Debit Card	Payroll Deduction	PTO Deduction
CHI Health National, CHI Health, St. Elizabeth, Nebraska Heart, The Physician Network	X	X	X	X	X
Conifer, HCL, Health Connect at Home, volunteers, and other supporters	X	X	X		

\*If you are unsure if you are eligible for payroll or PTO deduction, call the foundation at (402) 219-7052.

## AUTOMATIC BANK WITHDRAWAL AUTHORIZATION FORM

Please fill out this ACH authorization form completely, and return to St. Elizabeth/Nebraska Heart Foundation in the attached business reply envelope..

### My personal information

\* Employee ID: \_\_\_\_\_  
 \* Full Name: \_\_\_\_\_  
 \* Department: \_\_\_\_\_  
 Spouse/Partner Name: \_\_\_\_\_  
 \* Address: \_\_\_\_\_  
 \* City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Primary Phone: \_\_\_\_\_ ☐ Home (Landline) ☐ Cell  
 \* Work Email: \_\_\_\_\_  
 Birthday (MM/DD): \_\_\_\_\_  
 \* denotes a required field

☐ I would like my gift to remain anonymous.

### My donation information...

Automatic bank withdrawals (ACH) are processed on the 10<sup>th</sup> of each month.

Please deduct the following amount per month: \$ \_\_\_\_\_

- ☐ Start my deduction on January 10, 2020  
☐ Start my deduction the next available date.

### I would like my gift to support ...

#### St. Elizabeth/Nebraska Heart:

- ☐ Employee Hardship  
☐ Patient Emergency & Hardship

#### St. Elizabeth:

- ☐ Emergency Room HVAC

#### Nebraska Heart:

- ☐ Ambulance Canopy

**Other:** A selection of our most popular funds are highlighted on page three!

My choices are: \_\_\_\_\_

**United Way donations via ACH are not allowed at this time.**

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

CHI Health St. Elizabeth/Nebraska Heart Foundation  
 555 S 70th St, Lincoln, NE 68510  
 Questions? Contact Valerie Murphy at VMurphy@stehz.org or (402) 219-7052

To donate online, visit Give.CHIHealth.com/Caring

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/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 HeartRespiratory Care
- Nebraska Heart Scholarships
- Nebraska Heart Spiritual Environment
- Nebraska Heart Surgery

### **The Physician Network Funds**

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