



2022 Annual Campaign

My Information			
* Full Name:		Spouse/Partner Name:	
* Address:		* City:	State:Zip:
Primary Phone:	_ ☐ Home (Landline) ☐ Cell	* Primary Email: _	
Birthday (MM/DD):* denotes a required field		☐ I would like my gift to remain anonymous.	
I would like to donate			
■ Cash or Check Return your check (make checks out to St. Elizabeth Foundation) or cash, with this completed form, to the foundation office. Donation Amount: \$		□ Credit or Direct Debit To make a one-time gift, or set up a monthly credit/direct debit donation (processed on the 10 th of the month), please visit our online form at Give.CHIHealth.com/StElizabeth-NebraskaHeartAnnual.	
I would like my gift to support			
□ CHI Clinics - Lincoln St. Elizabeth Funds □ Bridges and Infant Loss □ Burn Camp □ Burn Trauma Unit □ Cardiopulmonary Rehab □ Career Mentoring □ Chapel □ Clinical Equipment □ Critical Care (ICU) □ Emergency Room □ Employee Emergency Fund □ Environmental Services □ EPIC Rover Application □ Flowers of Hope	 □ Neonatal Intensive Care Unit (NICU) □ NICU Parent Support □ Nursery □ Nurses Professional Development □ Nurses Week □ Nursing Leadership Scholarship □ Orthopedics □ Palliative Care □ Pastoral Care □ Path Around the Lake □ Patient Emergency & Hardship □ Patient/Family Activity Cart □ Pediatrics □ Perinatal □ Pharmacy 		□ Short Stay □ Ss. Elaine Herold Scholarship □ Stroke □ Surgery □ Volunteer Services □ Wound Care Nebraska Heart □ Heart and Lung Machine/Surgery □ Nursing □ Respiratory Care □ Scholarships □ Spiritual Environment Other (write in your choice)
☐ Flowers of Hope ☐ Garden ☐ Healing Environment ☐ Hospice ☐ Laboratory ☐ Lizzies Locker	☐ Physical Therapy☐ Plant Services☐ Progressive☐ Radiation Therapy☐ Radiology☐ Respiratory Care	y	Other (write in your choice)

Thank you for your support! Please return forms to:

CHI Health St. Elizabeth/Nebraska Heart Foundation 555 S 70th St, Lincoln, NE 68510-2462 **Questions? Contact Amy Jurgens** (402) 219-7051 or Amy.Jurgens@chihealth.com