

St. Elizabeth / Nebraska Heart Foundation

My Information			I would like my gift to support				
* Employee ID:			St. Elizabeth				
* Full Name:			Clinical Equipment				
* Work Location:			EPIC Rover Application				
* Department: Spouse/Partner Name: * Address:			<ul> <li>Patient Emergency &amp; Hardship</li> <li>Nebraska Heart Heart and Lung Machine</li> </ul>				
				* City:	State:	Zip:	CHI Clinics - Lincoln
				Primary Phone:		🗖 Home (Landline) 🗖 Cell	Other (see page 2 for options)
* Work Email:							
Birthday (MM/DD):							
* denotes a required field							

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

### Specific Amount (for eligible employees)

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

• Per pay period • One time Amount: \$

Start my deduction: 
January 14, 2022 
Next pay period

### Salary Hours (for eligible employees)

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

• Per pay period • One time Amount: \$

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

Start my deduction: 
January 14, 2022 
Next pay period

### **PTO** (for eligible employees)

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

• Per pay period • One time Amount: \$

Estimated hourly salary is: \$

#### Start my deduction: January 14, 2022 Next pay period

The gross value of donated PTO hours will be forwarded to the fund designated; you will pay taxes on the gift (gift is fully tax deductible) and it will be listed on your pay stub each pay period.

My signature indicates I understand that the information on this form will be entered in the Foundation database and used to administer this donation.

If payroll deduction is chosen: I authorize CHI Health St. Elizabeth/Nebraska Heart Foundation to withhold my deduction as indicated above. Payroll deductions will continue until I notify the Foundation to stop. (An email will be sent to you each year detailing any current continuing commitments you have on record.)

\* Signature:

\* Date:

## **Additional Information...**

- □ My gift of at least one hour of PTO or equivalent, per pay period, has qualified me for the hour club.
- □ I would like my gift to remain anonymous.

### Other ways to give:

#### Cash or check: Amount \$

Please return this completed form, along with your gift, to your local foundation office.

Online giving: Payroll deduction (one time or per pay period), credit/debit card or direct debit (one time or monthly) visit Give. CHIHealth.com/StElizabeth-NebraskaHeartAnnual

### **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 **<u>\$5 per pay period per fund</u>**. Your total donation will be divided equally between all funds selected.

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

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



Together we shine.



# 2022 Annual Campaign

# Campaign Funds

# **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
- Garden
- Healing Environment
- Hospice
- Laboratory
- Lizzies Locker
- Neonatal Intensive Care Unit (NICU)
- NICU Parent Support
- Nursery
- Nurses Professional Development
- Nurses Week

# Nebraska Heart Funds:

- Heart & Lung Machine
- Nursing
- Respiratory Care
- Heart Scholarships
- Spiritual Environment
- Surgery

- Nursing Leadership Scholarship
- Orthopedics
- Palliative Care
- Pastoral Care
- Path Around the Lake
- Patient Emergency & Hardship
- Patient/Family Activity Cart
- Pediatrics
- Perinatal
- Pharmacy
- Physical Therapy
- Plant Services
- Progressive
- Radiation Therapy
- Radiology
- Respiratory Care
- Short Stay
- Sister Elaine Herold Memorial Scholarship
- Stroke
- Surgery
- Volunteer Services
- Wound Care

