

2019 Annual Campaign

Thank you for your support!

My personal information

I am an employee of CHI Health I am not an employee of CHI Health

* Employee ID #: _____

* Full Name: _____

* Address: _____

* City: _____ State: _____ Zip: _____

Primary Phone: _____ Home (Landline) Cell

Work Phone: _____

* Work Email: _____

* denotes a required field

I would like to donate...

NOTE: If you are unsure if you are eligible, please see the back of this form, or call the foundation at (402) 219-8799.

through Payroll Deduction (for eligible employees)

Please deduct the following amount (per pay period for 26 deductions, or one-time, as noted below) starting January 2019.

Per pay period One time Amount: \$ _____

through PTO Deduction (for eligible employees)

Please deduct the following number of PTO hours (per pay period for 26 deductions, or one-time, as noted below) starting January 2019.

Per pay period One time Number of Hours: _____

through the Hour Club (for eligible employees)

I would like to be a member of the Hour Club and donate the equivalent of one hour of my pay (or more as noted below) starting January 2019.

Number of hourly wages per pay period: _____

I would like my gift to continue until I notify St. Elizabeth's to stop.

by Credit/Debit Card

To make a one-time gift, or set up a monthly deduction (to be processed on the 10th of each month), please visit our online donation form at GIVE.CHIHealth.com/FormName

by Automatic Bank Withdrawal (ACH)

To make a one-time gift, or set up a monthly deduction (to be processed on the 20th of each month), please visit our online donation form at GIVE.CHIHealth.com/StElizabeth, or fill out the form on page two.

by Check or Cash

Make your check out to CHI Health Foundation St. Elizabeth and return the check or cash with this completed form to your local development officer or campaign champion.

I understand my information will be entered into the foundation database. Access to giving records is confidential. The information will be used for acknowledgements, invitations, tax information, greeting cards, etc.



YES! My gift qualifies me to be a member of the 2019 Employee Campaign Hour Club!

It's easy! Simply donate an amount equal to one hour of wages per pay period, or 26 hours per year! Just 13 hours per year for part-time employees! For your generous gift, you will receive this acrylic tumbler honoring you as an Hour Club member!



St. Elizabeth Foundation
Nebraska Heart Foundation

I would like my gift to support ...

Please choose only one or two funds:

- Patient Charity Care
- Employee Hardship
- The Physician Network
- St. Elizabeth
- Nebraska Heart
- Other _____
- Other _____

See foundation fund list for other areas to support.

I would like my gift to remain anonymous

I authorize CHI Health to withhold my payroll deduction as indicated above. I understand that the information on this form will only be used to administer this donation.

* Date: _____

* Signature: _____

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 Sue Honnor at SueHonor@stez.org or (402) 219-8799

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

Ways to give to the 2019 Employee Campaign

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

*If you are unsure if you are eligible for payroll or PTO deduction, call the foundation at (402) 219-8799

Please visit Give.CHIHealth.com/StElizabeth, to donate via automatic bank withdrawal (ACH) OR fill out page one and two completely, then return both pages to the foundation office.

AUTOMATIC BANK WITHDRAWAL AUTHORIZATION FORM

I would like to make a commitment to CHI Health St. Elizabeth & Nebraska Heart Foundation 2019 employee campaign. Automatic bank withdrawals (ACH) are processed on the 20th of each month.

- I would like to donate \$ _____ for 12 months (or more as noted below), starting January 2019.
- I would like my monthly gift to continue automatically for:
 - One additional year (through December 2020)
 - Two additional years (through December 2021)
 - Three additional years (through December 2022)
 - _____ additional years (enter the number of years)
 - Indefinitely
- Do **NOT** list my name in any donor recognition

I authorize CHI Health Foundation to initiate a debit entry to my bank account, according to the schedule noted above, and for my financial institution to debit the account for charitable donations. This authority is to remain in effect until the pledge is paid off or CHI Health Foundation has received written/email notification from me of its termination. I understand that the information on this form will only be used to administer this donation.

Signature:

Date:



ATTACH
VOIDED CHECK HERE

