

2020 Annual Campaign

Thank you for your support!

My personal information

* Employee ID #: _____

* Full Name: _____

* Department: _____

* Address: _____

* City: _____ State: _____ Zip: _____

Primary Phone: _____ Home (Landline) Cell

* Work Email: _____

Birthday (MM/DD): _____

* 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) 219-7052.

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 3, 2020.

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 3, 2020.

Per pay period One time Number of Hours: _____

Estimated hourly salary is: _____

through the Hour Club (for eligible employees)

I would like to be a member of the Hour Club and donate the equivalent of one or more hours of my pay (per pay period for 26 deductions, or one-time, as noted below) starting January 3, 2020.

Per pay period One time Number of Hours: _____

Estimated hourly salary is: _____

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.

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/Caring, or fill out the form on page two.

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.



___YES! My gift qualifies me to be a member of the 2020 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! 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 Emergency & Hardship Fund
- Employee Hardship Fund
- The Physician Network Equipment Fund
- St. Elizabeth Pediatric Place Fund
- Nebraska Heart Ambulance Entrance Canopy Project
- Other _____

See attached foundation fund list for other areas to support.

- United Way (payroll, PTO, Hour Club, cash or check)

For cash or check, make the check out to United Way then return the check or cash with this completed form to your foundation office. Credit card and ACH (direct debit) donations to the United Way are not allowed at this time.

- I would like my gift to continue until I notify the foundation to stop.
- 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 be entered in the Foundation database and used to administer this donation, send acknowledgements and tax statements, etc.

* Signature: _____ * Date: _____

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 Emily Frerichs at EFrerichs@stez.org or (402) 219-7052

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

Ways to give to the 2020 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, CHI Health St. Elizabeth, CHI Health Nebraska Heart, The Physician Network	X	X	X	X	X
Conifer, HCL, Health Connect at Home, or UniSys, volunteers, other supporters	X	X	X		

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

AUTOMATIC BANK WITHDRAWAL AUTHORIZATION FORM

Please fill out this ACH authorization form completely, and return to your local development officer or to the foundation.

My personal information

* Employee ID #: _____

* Full Name: _____

* Department: _____

* Address: _____

* City: _____ State: _____ Zip: _____

Primary Phone: _____ Home (Landline) Cell

* Work Email: _____

Birthday (MM/DD): _____

* denotes a required field

I would like my gift to support ...

Please choose only one or two funds:

- Patient Emergency & Hardship Fund
- Employee Emergency Fund
- The Physician Network Equipment Fund
- St. Elizabeth Pediatric Place Fund
- Nebraska Heart Ambulance Entrance Canopy Project
- Other _____

See attached foundation fund list for other areas to support.

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

My donation information...

Automatic bank withdrawals (ACH) are processed on the 20th of each month.

Please deduct the following amount (per month for 12 months, or one-time, as noted below) starting January 20, 2020.

Per month One time Amount: \$ _____

I would like my gift to remain anonymous.

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 Emily Frerichs at EFrerichs@stez.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



CHI Health St. Elizabeth/Nebraska Heart Foundation Funds

In Support of CHI Health St. Elizabeth, CHI Health Nebraska Heart, The Physician Network and our affiliates.

BENEVOLENT FUND-RADIATION THERAPY (assistance for patients undergoing cancer treatment)

BURN CAMP (*Provides an outdoor experience for children who have experienced burn trauma.*)

BURN TRAUMA UNIT

CANCER INSTITUTE

CARDIOPULMONARY REHAB

CAREER MENTORING (*Program to promote health care for Lincoln area high school students.*)

CHAPEL

CLINICAL DECISION UNIT

CRITICAL CARE

DIABETES

DURABLE MEDICAL EQUIPMENT

EMERGENCY ROOM

EMPLOYEE HARDSHIP (*Provides assistance to employees experiencing a financial emergency - Includes food, gas, rent & other essentials. For employees of St. Elizabeth, Nebraska Heart, TPN & our affiliates.*)

ENVIROMENTAL SERVICES

FLOWERS OF HOPE (*Stained glass panels for breast cancer survivors.*)

HEALING ENVIRONMENT (St. Elizabeth)

HOME HEALTH

HOSPICE

HUMAN RESOURCES

INFUSION

JONG & LIN YIEE SCHOLARSHIPS (two scholarships for students whose lives have been touched by cancer)

LABOR & DELIVERY BRIDGES (*Help with funeral and bereavement expenses for infants.*)

LABORATORY

LIZZIE'S LOCKER (*Provides clothing to patients in need.*)

LOUISE DALE SCHLEICH NURSING SCHOLARSHIP (scholarship for an employee who is a nurse)

MARKETING

MAURINE & CHARLES SHAMBARGER NURSING SCHOLARSHIP

MEDICAL ONCOLOGY

MISSION (*Activities & programs supporting our mission.*)

MISSION TRIPS (*Supports employees/physicians on mission trips to assist people in need.*)

MOBILITY EQUIPMENT

NEBRASKA HEART CANOPY AMBULANCE ENTRANCE

NEBRASKA HEART EQUIPMENT

NEBRASKA HEART NURSING

NEBRASKA HEART OUTREACH

NEBRASKA HEART RESPIRATORY CARE

NEBRASKA HEART SCHOLARSHIP

NEBRASKA HEART SPIRITUAL ENVIRONMENT (*Enhance the healing environment & provide a peaceful place for patients, families and employees at Nebraska Heart Hospital.*)

NEBRASKA HEART SURGERY



**St. Elizabeth Foundation
Nebraska Heart Foundation**

CHI Health St. Elizabeth/Nebraska Heart Foundation Funds

In Support of CHI Health St. Elizabeth, CHI Health Nebraska Heart, The Physician Network and our affiliates.

NICU (NEONATAL INTENSIVE CARE UNIT)

NICU PARENT SUPPORT *(Support group for parents of NICU infants.)*

NURSERY

NURSES WEEK (ST. ELIZABETH)

NURSING LEADERSHIP SCHOLARSHIP

ORTHOPEDICS

PALLIATIVE CARE

PASTORAL CARE

PATH AROUND THE LAKE *(Provides plantings & upkeep to the walking path around the lake at St. Elizabeth.)*

PATIENT EMERGENCY & HARDSHIP *(Provides assistance for patients after discharge from the hospital; most commonly with prescriptions & essentials.)*

PATIENT/FAMILY ACTIVITY CART *(Provides small comfort items for patients & families.)*

PEDIATRICS

PEDIATRIC PLACE

PEDIATRICS CARDIOLOGY

PERINATAL

PHARMACY

PHYSICAL THERAPY

PLANT SERVICES

PROGRESSIVE

RADIATION THERAPY

RADIOLOGY

RESPIRATORY CARE

RURAL NETWORKING

SHORT STAY

SISTER BARBARA ANN ROSES *(Keeps a fresh rose in a vase located in the Meditation Room at St. Elizabeth.)*

SISTER ELAINE HEROLD MEMORIAL SCHOLARSHIP *(Scholarship for an employee who has undergone struggles continuing education.)*

ST. ELIZABETH/NEBRASKA HEART AUXILIARY

ST. ELIZABETH CLINICAL EQUIPMENT *(Supports the purchase of clinical equipment)*

ST. ELIZABETH GARDEN

ST. ELIZABETH NURSES ALUMNI *(Provides nursing scholarships annually.)*

STROKE *(Supports the stroke program.)*

SURGERY

THE PHYSICIAN NETWORK

THE PHYSICIAN NETWORK CLINICAL EQUIPMENT

VOLUNTEER SERVICES

WELLNESS *(Promotes the collective wellness of our employees.)*

WOUND CARE

12 LEAD EKG TRANSMISSION-LINCOLN



**St. Elizabeth Foundation
Nebraska Heart Foundation**