



Together we shine.

2024 Annual Campaign



CHI Health™

Good Samaritan Foundation

My Information

* Employee ID: _____

* Full Name: _____

* Work Location: _____

* Department: _____

* Work Email: _____

Mobile Phone: _____

* Home Address: _____

* City: _____ State: _____ Zip: _____

* denotes a required field

I would like my gift to remain anonymous.

I would like my gift to support...

Good Samaritan

- Ambulance Replacement Fund
- Cancer Assistance Fund
- Good Sam Fund
- Healthcare Scholarship Fund
- Richard Young Hospital Patient Assistance Fund
- Other (write in your choice) _____

United Way

- Undesignated
- Designated (write in your choice) _____

United Way donations via ACH or credit/debit card are not available at this time. To donate via credit/debit card or ACH please visit: <https://www.uwka.org/CHIHealth>

Payroll Deduction Options...

Specific Amount (for eligible employees)

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

Per pay period One time Amount: \$ _____

Start my deduction: Next pay period January 12, 2024

PTO Vacation Hours (for eligible employees)

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

Per pay period One time Amount: \$ _____

Start my deduction: Next pay period January 12, 2024

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.

Additional Information

ONLINE GIVING

Payroll deduction (one time or per pay period), credit/debit card (one time or monthly) visit:

Give.chihealth.com/GoodSamaritanAnnual

PAYROLL DEDUCTION INFORMATION

- Deduction must be a minimum of \$5 per pay period.
- If multiple funds are chosen, deduction must be a minimum of \$5 per pay period per fund.
- Total donation will be divided equally between all funds.

CASH OR CHECK

Amount \$ _____

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

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 Good Samaritan 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: _____

Thank you for your support! Please return forms to:

CHI Health Good Samaritan Foundation
115 W 32nd St, Kearney, NE 68847
Questions? Contact Cindi Richter
(308) 865-2705 or Cindi.Richter@chihealth.com



Together we shine.

2024 Annual Campaign



CHI Health™

Good Samaritan Foundation

Campaign Funds

Ambulance Replacement Project: The Good Samaritan Emergency Services Department needs to replace six aging ambulances within the fleet. The units cover 911 calls, long distance transports within the coverage area, and can be seen on standby at home football games. Have you or someone you know and love needed assistance from our EMS Department? By giving to the Together We Shine Campaign, employees have the opportunity to contribute to the programs or services that are close to your heart.

Cancer Assistance: Funds provide assistance with food, hotel, transportation, and other needs for patient's families.

Good Sam: The purpose of the Good Sam fund is to provide emergency financial assistance to your fellow workers during times of need. This fund is administered by CHI Health and is available for current employees who meet the criteria.

Healthcare Scholarship: Funds provide annual healthcare career scholarships to applicants enrolled in nursing programs.

Richard Young Hospital

Patient Assistance: Funds provide assistance for prescription medications, transportation, and other health related needs for patients who qualify.



Scan this code
to make
your donation
online!