



**YES, I would like to support the
2019 Employee H.O.P.E. Campaign**
(Helping Other People Everyday)



CHI Health
Good Samaritan Foundation

My information

* Full Name *(please print)*: _____
 * Address: _____
 * City: _____ State: _____ Zip: _____
 Birthday (MM/DD): _____
 I wish my gift to remain anonymous.
 * denotes a required field

My work information

* Employee ID: _____
 * I am employed by:
 CHI Alegent CHIPS Kearney Physical Therapy
 CHI Health Conifer NHI
 CHI National G4S TPN
 Central Nebraska Home Care Good Samaritan Wipro
 * Department: _____
 * Work Email: _____

Decide your method of giving

Yes, my gift will be recurring

by Payroll Deduction

Please deduct the following amount (per pay period for 26 deductions, or more, as noted below) starting January 2019.
 Amount: \$ _____

by PTO Deduction

Please deduct the following number of PTO hours (per pay period for 26 deductions, or more, as noted below) starting January 2019.
 Number of hours: _____

The **gross value of donated PTO hours will be forwarded to the foundation. Employee will pay taxes on the gift.*

I would like my gift to continue until I notify Good Samaritan foundation to stop.

Yes, I am giving a one-time donation

by Cash or Check

Please make check payable to CHI Health Good Samaritan Foundation. Amount enclosed: _____

by Payroll Deduction

Please deduct the following amount the first pay period in January 2019.
 Amount: \$ _____

by PTO Deduction

Please deduct the following number of PTO hours from the first pay period in January 2019.
 Number of hours: _____

The **gross value of donated PTO hours will be forwarded to the foundation. Employee will pay taxes on the gift.*

Designate your gift

Emergency Room Remodel Fund Family Assistance Fund Good Sam Fund
 Other _____

Alternate ways to give

by Credit Card or Automatic Bank Withdrawal (ACH)

To make a one-time gift, or set up a monthly deduction please visit our online donation form at GIVE.CHIHealth.com/GSF-HOPE

To donate to the United Way, please visit UWKA.org

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: _____

PLEASE NOTE: In order to select more than one gift designation, you must contribute at least \$5 per pay period, to each fund. Your total donation will be divided equally between all funds selected.



Thank you for your support! Please return forms to:

CHI Health Good Samaritan Foundation
 115 W 32nd St, Kearney, NE 68847
 Questions? StephaniePeterson@catholichealth.net

To donate online, visit Give.CHIHealth.com/GSF-HOPE

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.