



# Together we shine.

2022 Annual Campaign



## My Information

\* Full Name: \_\_\_\_\_

Spouse/Partner Name: \_\_\_\_\_

\* Address: \_\_\_\_\_

\* City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary Phone: \_\_\_\_\_  Home (Landline)  Cell

\* Primary Email: \_\_\_\_\_

Birthday (MM/DD): \_\_\_\_\_

I would like my gift to remain anonymous.

\* denotes a required field

## I would like to donate...

### Cash or Check

Return your check (make checks out to Good Samaritan Foundation) or cash, with this completed form, to the foundation office.

Donation Amount: \$ \_\_\_\_\_

### Credit or Direct Debit

To make a one-time gift, or set up a monthly credit/direct debit donation (processed on the 10<sup>th</sup> of the month), please visit our online form at [Give.CHIHealth.com/GoodSamaritanAnnual](http://Give.CHIHealth.com/GoodSamaritanAnnual).

## I would like my gift to support...

### Good Samaritan

- Family Assistance:** This fund provides gift cards for patient family's immediate needs (gas, food, hotel, etc.).
- Good Sam Fund:** The purpose of this fund is to provide emergency financial assistance to your fellow workers during times of need. Funded exclusively by employee contributions, this fund is administered by CHI Health for current employees who meet the criteria.
- Richard Young Hospital:** This fund is used to provide transportation, clothing, and medications to mental health patients in crisis

**Thank you for your support! Please return forms to:**  
CHI Health Good Samaritan Foundation  
115 W 32<sup>nd</sup> St, Kearney, NE 68847  
Questions? Contact Stephanie Peterson  
(308) 865-2700 or [Stephanie.Peterson@chihealth.com](mailto:Stephanie.Peterson@chihealth.com)