



Together we shine.

2022 Annual Campaign



CHI Health™

Good Samaritan Foundation

My Information

* Employee ID: _____

* Full Name: _____

* Work Location: _____

* Department: _____

Spouse/Partner Name: _____

* Address: _____

* City: _____ State: _____ Zip: _____

Primary Phone: _____ Home (Landline) Cell

* Work Email: _____

Birthday (MM/DD): _____

* denotes a required field

I would like to donate through payroll deduction...

Specific Amount (for eligible employees)

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

Per pay period One time Amount: \$ _____

Start my deduction: January 14, 2022 Next pay period

Salary Hours (for eligible employees)

Please deduct the equivalent of one or more hours of my pay (per pay period, or one-time, as noted below).

Per pay period One time Amount: \$ _____

Estimated hourly salary is: \$ _____

Start my deduction: January 14, 2022 Next pay period

PTO (for eligible employees)

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

Per pay period One time Amount: \$ _____

Estimated hourly salary is: \$ _____

Start my deduction: January 14, 2022 Next pay period

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.

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: _____

I would like my gift to support...

Good Samaritan

- Family Assistance fund
- Good Sam fund
- Richard Young Hospital fund

Other (write in your choice)

United Way

- Undesignated
- Designated - write in your designation(s)

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>

I would like my gift to remain anonymous.

Other ways to give

Online giving: Payroll deduction (one time or per pay period), credit/debit card or direct debit (one time or monthly) visit [Give.CHIHealth.com/GoodSamaritanAnnual](https://www.chihealth.com/goodsamaritanannual)

Cash or check: Please return this completed form, along with your gift, to your local foundation office.

PLEASE NOTE

Payroll deductions **must be a minimum of \$5 per pay period.**

If you select more than one fund, **you must contribute at least \$5 per pay period per 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? Contact Stephanie Peterson
(308) 865-2700 or Stephanie.Peterson@chihealth.com