



**YES, I would like to support the  
2020 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 Health       Conifer       NHI  
 CHI Health at Home       G4S       TPN  
 CHI Health National       Good Samaritan       Unisys  
 CHIPS       Kearney Physical Therapy  
 \* Department: \_\_\_\_\_  
 \* Work Email: \_\_\_\_\_

*I authorize CHI Health to process my gift as indicated below. I understand that the information on this form will be entered in the foundation database and used to administer this donation, and send acknowledgements & tax statements. Your information is kept secure and is never shared.*

\* Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Decide your method of giving, either or both...

#### Good Samaritan Foundation

##### Cash or Check

Please make check payable to Good Samaritan Foundation.  
 Amount enclosed: \$ \_\_\_\_\_  
*Please return cash or check with this completed form to the Good Samaritan Foundation.*

##### by Payroll Deduction

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: \$ \_\_\_\_\_

##### PTO Deduction

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: \_\_\_\_\_

#### United Way

##### Cash or Check

Please make check payable to United Way.  
 Amount enclosed: \$ \_\_\_\_\_  
*Please return cash or check with this completed form to the Good Samaritan Foundation.*

##### by Payroll Deduction

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: \$ \_\_\_\_\_

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>

### Designate your foundation gift

- Emergency Room Remodel Fund
- Family Assistance Fund
- Good Sam Fund
- Other \_\_\_\_\_

### Designate your United Way gift

- Undesignated
- Designated \_\_\_\_\_

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

**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.

### Alternate ways to give

**by Credit Card or Automatic Bank Withdrawal (ACH)**  
 To make a one-time gift, or set up a monthly deduction via credit/debit card or ACH, please visit our online donation form at [GIVE.CHIHealth.com/GSF-HOPE](http://GIVE.CHIHealth.com/GSF-HOPE). ACH deductions can also be set up via the attached form.



**Thank you for your support! Please return forms to:**

CHI Health Good Samaritan Foundation  
 115 W 32nd St, Kearney, NE 68847  
 Questions? [StephaniePeterson@catholicehealth.net](mailto:StephaniePeterson@catholicehealth.net)

**To donate online, visit [Give.CHIHealth.com/GSF-HOPE](http://Give.CHIHealth.com/GSF-HOPE)**



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**CHI Health**  
**Good Samaritan Foundation**

**AUTOMATIC BANK WITHDRAWAL AUTHORIZATION FORM**

*Please fill out this ACH authorization form completely, and return to your foundation office*

**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:

- |  |   |                                 |
|--|---|---------------------------------|
| <input type="checkbox"/> CHI Health          | <input type="checkbox"/> Conifer                  | <input type="checkbox"/> NHI    |
| <input type="checkbox"/> CHI Health at Home  | <input type="checkbox"/> G4S                      | <input type="checkbox"/> TPN    |
| <input type="checkbox"/> CHI Health National | <input type="checkbox"/> Good Samaritan           | <input type="checkbox"/> Unisys |
| <input type="checkbox"/> CHIPS               | <input type="checkbox"/> Kearney Physical Therapy |                                 |

\* Department: \_\_\_\_\_

\* Work Email: \_\_\_\_\_

**My donation information**

*Automatic bank withdrawals (ACH) are processed on the 20<sup>th</sup> of each month.*

Please deduct the following amount per month, starting January 20, 2020.

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

**My gift designation**

- Emergency Room Remodel Fund
- Family Assistance Fund
- Good Samaritan Fund
- Other \_\_\_\_\_

I authorize CHI Health Foundation to initiate a debit entry to my account, according to the schedule noted above, and for my financial institution to debit the account for charitable donations. This authority is to remain in effect until the pledge is paid off or CHI Health 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 and tax-statements, etc. Your information is secure and is never shared.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**ATTACH A VOIDED CHECK TO THIS FORM**



**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](mailto:StephaniePeterson@catholichealth.net)

To donate online, visit [Give.CHIHealth.com/GSF-HOPE](http://Give.CHIHealth.com/GSF-HOPE)