

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).

- Start my deduction on January 1, 2021
- Start my deduction the next available pay period.
- Per pay period One time Amount: \$ _____

Salary (for eligible employees)

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

- Start my deduction on January 1, 2021
- Start my deduction the next available pay period.
- Per pay period One time Amount: \$ _____

Estimated hourly salary is: _____

PTO (for eligible employees)

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

- Start my deduction on January 1, 2021
- Start my deduction the next available pay period.
- Per pay period One time Amount: \$ _____

Estimated hourly salary is: _____

I authorize Good Samaritan to withhold my payroll deduction as indicated above. Payroll deductions will continue until I notify the Foundation to stop*. I understand that the information on this form will be entered in the Foundation database and used to administer this donation, send acknowledgements and tax statements, etc. *An email will be sent each August to remind you of your continuing commitment.

* Signature: _____ Date: _____

I would like my gift to support...

Good Samaritan

- Ambulance Garage Enclosure
- Family Assistance
- Good Sam Fund
- Other (write in your choice(s))

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.

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.

Other ways to give:

- Online giving: One-time gift or monthly payments via credit/debit card or ACH - visit Give.CHIHealth.com/OMA-EmpCC
- Pledge form: Cash, check, or ACH - see attached. Please return the completed form, along with your gift, to your local development officer or campaign champion.



CHI Health
Good Samaritan Foundation

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

Ambulance Garage Enclosure

The purpose of this fund is to enclose the emergency room drop-off area, to protect patients from the elements when an ambulance arrives.

Good Sam Fund

This fund provides emergency financial assistance to your fellow workers during times of need. Funded exclusively by employee contributions, this fund is administered by Good Samaritan Foundation to current employees who meet the criteria.

Family Assistance Fund

This fund benefits patients treated at CHI Health facilities by providing assistance for prescription medications, transportation, and other health related needs for patients who qualify.

Other

You can donate to one of our general funds which are designed to be used in support of our mission and areas tied to this year's campaign goals, such as equipment, technology, and emerging priority programs throughout the year. You may also write in any fund/project/department you would like to support.

AUTOMATIC BANK WITHDRAWAL AUTHORIZATION FORM

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

My personal information

* Full Name: _____

* Employee ID: _____ DOB (mm/dd): _____

Spouse Name: _____

Primary Phone: _____ Home (Landline) Cell

* Address: _____

* City: _____ *St: _____ *Zip: _____

* Work Email: _____

* Location and Department where you work: _____

** denotes a required field*

My donation information

Direct Debits (ACH) are processed on the 10th of each month.

Please deduct the following amount per month, starting January 10, 2021. Amount: \$ _____

Designate your foundation gift

- Ambulance Garage Enclosure
- Family Assistance Fund
- Good Sam Fund
- Other _____

I authorize Good Samaritan Foundation to initiate a debit entry to my account, according to the information noted above, and for my financial institution to debit my account for charitable donations. This authority is to remain in effect until the Foundation has received a written/email request to terminate the monthly debit.* 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. **An email will be sent each August to remind you of your continuing commitment.*

Signature: _____ Date: _____