



**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 Alegent  | <input type="checkbox"/> Conifer                  | <input type="checkbox"/> NHI                        |
| <input type="checkbox"/> CHI Health   | <input type="checkbox"/> Consolidated Health Care | <input type="checkbox"/> St. Francis Medical Center |
| <input type="checkbox"/> CHI National | <input type="checkbox"/> G4S                      | <input type="checkbox"/> TPN                        |
| <input type="checkbox"/> CHIPS        | <input type="checkbox"/> G.I. Physical Therapy    | <input type="checkbox"/> 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 St. Francis Foundation to stop.

**Yes, I am giving a one-time donation**

**by Cash or Check**

Please make check payable to CHI Health St. Francis 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**

- |   |   |
|---|---|
| <input type="checkbox"/> Advancing Nurses through Education Scholarship | <input type="checkbox"/> Project Care   |
| <input type="checkbox"/> Employee Stewardship Program                   | <input type="checkbox"/> Other (e.g. Child Safety, Cancer Treatment Center, Maternal Child, Chapel, etc.) |
| <input type="checkbox"/> Greatest Needs Endowment                       | _____   |

**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/SFF-HOPE](http://GIVE.CHIHealth.com/SFF-HOPE)

To donate to Community Health Charities please visit [CHCNE.org](http://CHCNE.org)

To donate to the Heartland United Way please visit [HeartlandUnitedWay.org](http://HeartlandUnitedWay.org)

I authorize CHI Health to withhold my payroll deduction as indicated above. I understand that the information on this form will be entered in the foundation database and used to administer this donation, send acknowledgements, greeting cards, tax statements, etc.

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

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

**PLEASE NOTE**

- Deductions must be a minimum of \$1 per pay period.
- If you select more than one fund, you must contribute at least \$5 per deduction to each fund. Your total donation will be divided equally between all funds selected.



**St. Francis Foundation**

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

CHI Health St. Francis Foundation  
 2620 W Faidley Ave, Grand Island, NE 68803  
 Questions? Diana Kellogg at [DKellogg@sfdc-gi.org](mailto:DKellogg@sfdc-gi.org)

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

## Ways to give to the 2019 Annual Campaign

Type of employee or affiliate*	Auto Bank Withdrawal	Cash or Check	Credit/ Debit Card	Payroll Deduction	PTO Deduction
CHI (National NE, St. Francis, NHI, Alegent, CHIPS)	X	X	X	X	X
TPN employees	X	X	X	X	X
Conifer employees	X	X	X		
CE NE Rehab & GIPT	X	X	X		
WIPRO, G4S, Consolidated Healthcare	X	X	X		
Volunteers (including board members)	X	X	X		
Providers	X	X	X		

# St. Francis Philanthropy@Work Programs

**Employee Stewardship Program (ESP)** - A fund used to help fellow employees in their time of financial need. ESP provides limited emergency financial help to employees approved through this **strictly confidential** program. *How ESP works.....* Employees contact one of the ESP committee members or call the foundation office at 308.398.5400. The employee completes an application at the foundation, which is reviewed and processed as quickly as possible. ESP funds are raised by our employees through this annual campaign with the support of the foundation's unrestricted funds. The money is placed in a special fund for ESP use only. Last fiscal year, \$20,789 was distributed to our fellow employees through ESP. **Remember, all employees are eligible to receive assistance from this fund.**

**Project Care:** A fund to help patients and their families with needs related to their medical care. This is a program funded almost entirely through the employee campaign. It is used to help patients and their families with needs related to their medical care, such as medications, guest house accommodations and meals. Last fiscal year Project Care distributed \$30,677 to those in need.

**Greatest Needs:** This fund is designed to be distributed in support of our mission and areas tied to this year's campaign goals, as well as emerging priority programs throughout the year.

Are you undecided about where you want your gift to go? Would you rather we use your contribution where it is needed most? Excess dollars will be used for hospital and community programs where the need is the greatest. Your gift could help various programs and services such as: Child Safety, Student Wellness Center, Maternal Child, Third City Community Clinic, Life-Line, and many more.

**Advancing Nurses through Education Scholarship:** St. Francis Foundation and nursing administration continue to partner in the nurse scholarship program. In conjunction with the Tuition Reimbursement program, St. Francis will be providing a number of scholarships for nurses who want to earn a Bachelor of Science in Nursing (BSN) degree or a Master of Science in Nursing (MSN) degree. Last fiscal year the fund awarded \$16,000 toward advanced education for nurses.



# CHI Health Foundation

CHI Health Clinics • Creighton University Medical Center - Bergan Mercy • Good Samaritan • Immanuel • Lakeside  
Lasting Hope Recovery Center • Mercy Corning • Mercy Council Bluffs • Midlands • Missouri Valley • Nebraska Heart  
Plainview • Richard Young Behavioral Health • Schuyler • St. Elizabeth • St. Francis • St. Mary's

## AUTOMATIC BANK WITHDRAWAL AUTHORIZATION FORM

Please fill out this ACH authorization form completely, and return to Diana Kellogg at the St. Francis Foundation office  
Questions? Contact Janet Stiles at Janet.Stiles@alegent.org or 402.343.4565

### 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 Alegent  | <input type="checkbox"/> Conifer                  | <input type="checkbox"/> NHI                        |
| <input type="checkbox"/> CHI Health   | <input type="checkbox"/> Consolidated Health Care | <input type="checkbox"/> St. Francis Medical Center |
| <input type="checkbox"/> CHI National | <input type="checkbox"/> G4S                      | <input type="checkbox"/> TPN                        |
| <input type="checkbox"/> CHIPS        | <input type="checkbox"/> G.I. Physical Therapy    | <input type="checkbox"/> Wipro                      |

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

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

### Designate your gift

- |   |   |
|---|---|
| <input type="checkbox"/> Advancing Nurses through Education Scholarship | <input type="checkbox"/> Project Care   |
| <input type="checkbox"/> Employee Stewardship Program                   | <input type="checkbox"/> Other (e.g. Child Safety, Cancer Treatment Center, Maternal Child, Chapel, etc.) |
| <input type="checkbox"/> Greatest Needs Endowment                       | _____   |

### 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, for 12 deductions or longer if continue option is selected), starting January 20, 2019.

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

- Continue my monthly gift until I notify the foundation to stop.       I would like my gift to remain anonymous.

I authorize CHI Health St. Francis 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 St. Francis 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, invitations, and tax-statements, etc.

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



philanthropy@WORK

| Good Happens Here |

CHI Health St. Francis Foundation

**ATTACH A VOIDED CHECK TO THIS FORM**