



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 CIOX GIPT & CE NE Rehab
 CHI Health National Conifer NHI
 CHI Health St. Francis Consolidated Health Care TPN
 CHIPS G4S Wipro/Unisys
 * 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

Yes, my gift will be recurring

by Payroll Deduction

Please deduct the following amount for 26 pay periods, starting January 3, 2020.
 Amount: \$ _____

by PTO Deduction

Please deduct the following number of PTO hours for 26 pay periods, starting January 3, 2020. ****Note**** PTO donations can be made in half hour increments.
 Number of hours: _____

The **gross value of donated PTO hours will be forwarded to the foundation. Employee will pay taxes on the gift.*

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.

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 from the first pay period in January 2020.
 Amount: \$ _____

by PTO Deduction

Please deduct the following number of PTO hours from the first pay period in January 2020.
 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

- Advancing Nurses through Education Scholarship Project Care (Patient Assistance)
 Employee Stewardship Program Other (e.g. Child Safety, Cancer Treatment Center, Maternal Child, Chapel, etc.)
 Greatest Needs (Campus & Program Needs)

I would like my gift to continue until I notify St. Francis Foundation to stop.

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.



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

To donate online, visit 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 Health (National, St. Francis, NHI, 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/Unisys, G4S, Consolidated Healthcare	X	X	X		
Volunteers (including board members)	X	X	X		
Providers	X	X	X		

St. Francis Philanthropy@Work Programs

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 \$18,000 toward advanced education for nurses.

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, \$11,345 was distributed to our fellow employees through ESP. **Remember, all employees are eligible to receive assistance from this fund.**

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

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, hotel accommodations and meals. Last fiscal year Project Care distributed \$31,070 to those in need.

Undecided about where you want your gift to go? Would you rather we use your contribution where it is needed most? Your gift could help various programs and services such as: Child Safety, Cancer Treatment Center, Maternal Child, Chapel, and many more. Write in where you would like your donation to be directed.



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 Health | <input type="checkbox"/> CIOX | <input type="checkbox"/> GIPT & CE NE Rehab |
| <input type="checkbox"/> CHI Health National | <input type="checkbox"/> Conifer | <input type="checkbox"/> NHI |
| <input type="checkbox"/> CHI Health St. Francis | <input type="checkbox"/> Consolidated Health Care | <input type="checkbox"/> TPN |
| <input type="checkbox"/> CHIPS | <input type="checkbox"/> G4S | <input type="checkbox"/> Wipro/Unisys |

* Department: _____

* Work Email: _____

Designate your gift

- | | |
|---|---|
| <input type="checkbox"/> Advancing Nurses through Education Scholarship | <input type="checkbox"/> Project Care (Patient Assistance) |
| <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 (Campus & Program Needs) | _____ |

My donation information

Automatic bank withdrawals (ACH) are processed on the 20th of each month.

Please deduct the following amount monthly starting January 20, 2020.

Amount: \$ _____

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 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