



# Together we shine.

2022 Annual Campaign



## My Information

\* Employee ID: \_\_\_\_\_

\* Full Name: \_\_\_\_\_

\* Work Location: \_\_\_\_\_

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

Spouse/Partner Name: \_\_\_\_\_

\* Address: \_\_\_\_\_

\* City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary Phone: \_\_\_\_\_  Home (Landline)  Cell

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

Birthdate (MM/DD): \_\_\_\_\_

\* denotes a required field

## I would like my gift to support...

### St. Francis

- Employee Stewardship
- Greatest Needs
- Nurses Scholarship
- Project Care (patient assistance)
- Project Serenity (forensic nurse examiner program)
- Other (see page 2 for options)

## 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.*

## Additional Information...

I would like my gift to remain anonymous.

### Other ways to give:

**Cash or check:** Amount \$ \_\_\_\_\_

*Please return this completed form, along with your gift, to your local foundation office.*

**Online giving:** Payroll deduction (one time or per pay period), credit/debit card or direct debit (one time or monthly) visit **Give. CHIHealth.com/StFrancisAnnual**

### PLEASE NOTE

Payroll deductions **must be a minimum of \$2 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.

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 St. Francis 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: \_\_\_\_\_

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

CHI Health St. Francis Foundation  
2620 W Faidley Ave, Grand Island NE 68803-4205  
Questions? Contact Diana Kellogg  
(308) 398-5422 or Diana.Kellogg@chihealth.com



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## Campaign Funds

**Breast Health Patient Care:** This fund is used to purchase items and supplies to support patients awaiting an exam, biopsy, or ultrasound.

**Chapel/Pastoral:** Your gift will support St. Francis staff chaplains and ministry volunteers in providing spiritual support, comfort, and related resources for our patients, their families, and hospital staff in accordance with our organization's mission and core values.

**Child Safety:** Your gift will assist St. Francis in child safety community education efforts, which provide professional infant/child car seat installation and checks, qualified financial assistance for car seat purchases, promotion and distribution of general safety program information ranging from bicycle and water safety to general childhood health and well-being topics.

**Employee Stewardship:** This fund provides support for fellow employees in their time of financial need. Funds are raised by employees through this annual campaign, with the support of the foundation's unrestricted funds.

**Greatest Needs:** This fund is used for emerging areas of greatest needs in alignment with CHI Health St. Francis' mission.

**Nurses Scholarship:** This fund is used to provide scholarships for nurses who want to earn a Bachelor of Science in Nursing (BSN) degree, or a Master of Science in Nursing (MSN) degree.

**Project Care (patient assistance):** This fund is used to help patients and their families with needs related to their medical care, such as medications, hotel accommodations, meals, and others.

**Project Serenity:** This fund is used to provide adult victims of sexual assault, human trafficking, domestic or intimate partner violence an exclusive, safe place to receive immediate comprehensive and compassionate care, as well as evidence collection from our FNE (forensic nurse examiner) teams.