



philanthropy@WORK
| Good Happens Here |
CHI Health Foundation

My personal information

* Full Name: _____ DOB (Month/Day): _____
* Address: _____ * City: _____ * St: _____ * Zip: _____
Primary Phone: _____ Home (Landline) Cell Home Email: _____
* Employee ID: _____ * Work Email: _____
* Location and Department where you work: _____

I wish my gift to remain anonymous.

* denotes a required field

I authorize CHI Health to process my payroll deduction as indicated below. 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.

* Signature: _____ Date: _____

My donation information

General Deduction

Please deduct the following amount (for 26 pay periods or one-time, as noted below) starting January 3, 2020.

Per pay period One time Amount: \$ _____

Hourly Wage Deduction

Please deduct the equivalent of one hour or more of my pay, (for 26 pay periods or one-time, as noted below) starting January 3, 2020. *Note* Hourly wage donations can be made in half hour increments.

Per pay period One time Number of hours: _____

PTO Deduction

Please deduct the following number of PTO hours (for 26 pay periods or one-time, as noted below) starting January 3, 2020.

Note PTO donations can be made in half hour increments.

Per pay period One time 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 support

- General Capital (Technology/Equipment/Building)
- Employee Emergency Fund
- GRACE Program
- Growing Great Kids
- Patient Family Assistance Fund
- United Against Violence

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

PLEASE NOTE

- Deductions must be a minimum of \$5 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.



Thank you for your support! Please return forms to:

CHI Health St. Mary's Foundation
1301 Grundman Blvd, Nebraska City, NE 68410
Questions? TReuter@stez.org

To donate online, visit Give.CHIHealth.com/StMary



AUTOMATIC BANK WITHDRAWAL AUTHORIZATION FORM

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

My personal information

* Full Name: _____ DOB (Month/Day): _____

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

Primary Phone: _____ Home (Landline) Cell Home Email: _____

* Employee ID: _____ * Work Email: _____

* Location and Department where you work: _____

* denotes a required field

My donation information

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

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

Amount: \$ _____

I wish my gift to remain anonymous.

I would like my gift to support

- General Capital (Technology/Equipment/Building)
- Employee Emergency Fund
- GRACE Program
- Growing Great Kids
- Patient Family Assistance Fund
- United Against Violence

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 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 St. Mary's Foundation | 1301 Grundman Blvd, Nebraska City, NE 68410 | Give.CHIHealth.com/StMary
Questions? TReuter@stez.org

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, CHI Health, St. Mary's employees)	X	X	X	X	X
TPN employees	X	X	X	X	X
Conifer employees	X	X	X		
Midwest Rehab professionals	X	X	X		
Volunteers (including board members)	X	X	X		
Providers (other than TPN)	X	X	X		



I am (select one):

- CHI (National/CHI Health/St. Mary's)
- TPN
- Conifer
- Midwest Rehab professionals
- Volunteer/Board Member
- Other: _____

Philanthropy@Work: St. Mary's 2020 Projects

St. Mary's Foundation provides funds to programs that build a healthy community, supports clinical services in areas of greatest need, and provides assistance to patients and employees in emergencies.

General Capital (Technology/Equipment/Building)

These funds can be used to support technology, equipment, and programs with campus leadership approval.

Employee Emergency Fund

The purpose of this fund is to provide emergency financial assistance to your fellow workers during times of need. Funded exclusively by employee contributions, this fund is administered by CHI Health St. Mary's Foundation to current employees who meet the criteria.

GRACE

This fund supplies grief support resources to patients and their families who experience the loss of a baby during pregnancy, at birth, or shortly after birth. Funds are used to purchase memory boxes and keepsake items.

Growing Great Kids

Growing Great Kids supports families as they build healthy, safe environments for their children to grow and learn in, creating a community of compassionate, well-nurtured children. This fund provides a one-time well child visit, and home visits to families prenatal to age three.

Patient Assistance Fund

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

United Against Violence

This program seeks to reduce youth violence through reducing risk, building resilience, and providing youth with skills. Donations will assist in youth violence prevention efforts in the Otoe County community and four school districts.

Please complete and return this form by Friday, August 30. Thank you for your support!