



My Information

* Full Name: _____

Spouse/Partner Name: _____

* Address: _____

* Work Location: _____

* Work Email: _____

* denotes a required field

* Employee ID: _____

Primary Phone: _____ Home (Landline) Cell

* City: _____ State: _____ Zip: _____

* Department: _____

Birthday (MM/DD): _____

I would like my gift to remain anonymous.

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 would like my gift to support...

- Employee Emergency Fund
- General Equipment
- GRACE Program
- Growing Great Kids
- Patient Family Assistance Fund
- United Against Violence
- Other - write in your choice(s)

Other ways to give:

- Online giving: One-time gift or monthly payments via credit/debit card or ACH - visit Give.CHIHealth.com/SMF-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.

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.

I authorize CHI Health 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: _____



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/SMF-EMP



AUTOMATIC BANK WITHDRAWAL AUTHORIZATION FORM

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

My Information

* Full Name: _____

Spouse/Partner Name: _____

* Address: _____

* Work Location: _____

* Work Email: _____

* denotes a required field

* Employee ID: _____

Primary Phone: _____ Home (Landline) Cell

* City: _____ State: _____ Zip: _____

* Department: _____

Birthday (MM/DD): _____

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: \$ _____

I would like my gift to remain anonymous.

I would like my gift to support...

- Employee Emergency Fund
- General Equipment
- GRACE Program
- Growing Great Kids
- Patient Family Assistance Fund
- United Against Violence
- Other - write in your choice(s)

I authorize St. Mary's 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: _____

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
Questions? TReuter@stez.org
To donate online, visit Give.CHIHealth.com/SMF-EMP

Ways to give to the 2021 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 2021 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.

Employee Emergency

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.

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.

General Equipment

Used to purchase, upgrade, or maintain equipment and other items to support hospital operations, enhance patient care, aid in research, and increase staff productivity.

Patient Family 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.

GRACE Program

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.

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 Sept. 11, 2020. Thank you for your support!