



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...

- General Capital/Equipment
 - Growing Great Kids
 - Patient Family Assistance
 - Radiology Ultrasound Machine
 - United Against Violence
 - Other
- _____
- _____

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/StMarysAnnual**

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.

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. Mary's 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. Mary's Foundation
 1301 Grundman Blvd, Nebraska City, NE 68410-3319
 Questions? Contact Traci Reuter
 (402) 873-8920 or Traci.Reuter@chihealth.com



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Campaign Funds

General Capital/Equipment: This fund is used to purchase, upgrade, or maintain equipment and other items to support hospital operations, enhance patient care, aid in research, and increase staff productivity.

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.

Growing Great Kids: This fund 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 Family Assistance: 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.

Radiology Ultrasound Machine: This fund is used to purchase, upgrade, or maintain equipment and other items to support radiology operations, enhance patient care, aid in research, and increase staff productivity.

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.