



My Information	
* Full Name:	Spouse/Partner Name:
* Address:	* City: State: Zip:
Mobile Phone:	* Primary Email:
* denotes a required field	☐ I would like my gift to remain anonymous.
	,
I would like to donate	
□ Cash or Check Return your check (make checks out to Mercy Corning Foundation) or cash, with this completed form, to the foundation office. Donation Amount: \$	☐ Credit/Debit Card To make a one-time gift, or set up a recurring credit/debit card donation (processed on the 10 th of each month), please visit our online form at Give.chihealth.com/MercyCorningAnnual.
I would like my gift to support	
☐ Employee Connection: Funds will be used to provide support for the engagement of our mission, values, and goals through events and campus activities with our employees.	
☐ Employee Emergency & Hardship: This fund is used to perduring times of need.	rovide emergency financial assistance to CHI Health employees
☐ General Capital/Equipment: Funds can be used to purchase, upgrade, or maintain equipment and other items to support hospital operations, enhance patient care, aid in research, and increase staff productivity.	
☐ CHI Health Clinics Patience Assistance: Funds benefit patients treated at CHI Health clinics by providing assistance for prescription medications, transportation, and other health reated needs for patients who qualify.	
☐ End of Life Comfort Care: Funds will provide comfort carts that have supportive reading materials, music, and light refreshments for families so they do not have to leave their loved one's bedside.	
☐ Faith, Hope, & Love: The purpose of Faith, Hope & Love 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 to current employees who meet the criteria.	
☐ Infant Bereavement: Funds will supply grief support resort of a baby during pregnancy, at birth or shortly after birth semi-annual memorial and committal services, and burian	. Funds are used to purchase memory boxes, keepsake items,
☐ Other (write in your choice)	



Scan this code to make your donation online!

Thank you for your support! Please return forms to:

CHI Health Mercy Corning Foundation 603 Rosary Dr, Corning, IA 58041-1683 Questions? Contact Marilea Mullen 712.621.2857 or Marilea.Mullen@chihealth.com