



Together we shine.

2024 Annual Campaign



My Information

* Employee ID: _____
* Full Name: _____
* Work Location: _____
* Department: _____
* Work Email: _____
Mobile Phone: _____
* Home Address: _____
* City: _____ State: _____ Zip: _____

* denotes a required field

☐ I would like my gift to remain anonymous.

I would like my gift to support...

Schuyler Memorial

☐ Schuyler General Capital/Equipment

Other (select the department or other)

- ☐ Behavioral
☐ Cardiovascular
☐ Diagnostic Imaging
☐ Emergency Medicine
☐ Neuroscience
☐ Oncology
☐ Orthopedics
☐ Rehabilitation
☐ Women's
☐ Other

Payroll Deduction Options...

☐ Specific Amount (for eligible employees)

Please deduct the amount entered (per pay period, or one-time, as noted below).

☐ Per pay period ☐ One time Amount: \$ _____

Start my deduction: ☐ Next pay period ☐ January 12, 2024

☐ PTO Vacation Hours (for eligible employees)

Please deduct the number of PTO Vacation hours entered (per pay period, or one-time, as noted below).

☐ Per pay period ☐ One time Amount: \$ _____

Start my deduction: ☐ Next pay period ☐ January 12, 2024

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

ONLINE GIVING

Payroll deduction (one time or per pay period), credit/debit card (one time or monthly) visit:

[Give.chihealth.com/SchuylerAnnual](https://give.chihealth.com/SchuylerAnnual)

PAYROLL DEDUCTION INFORMATION

- Deduction must be a minimum of **\$5 per pay period**.
- If multiple funds are chosen, deduction must be a minimum of **\$5 per pay period per fund**.
- Total donation will be divided equally between all funds.

CASH OR CHECK

Amount \$ _____

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

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 Schuyler 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 Schuyler Foundation
104 W 7th St, Schuyler, NE 68661-1304

Questions? Contact Claudia Lanuza
(402) 352-4075 or Claudia.Lanuza@chihealth.com



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Campaign Funds

SCHUYLER MEMORIAL FOUNDATION

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 related needs for patients who qualify.

CHI HEALTH FOUNDATION

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.

Forensic Nurse Examiner Program: The program seeks to reduce the physical and psychological trauma of sexual assault, human trafficking and domestic violence through sensitive and timely medical examinations performed by specially trained nurse examiners.

Infant Bereavement: Funds will supply 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, keepsake items, semi-annual memorial and committal services, and burial assistance on a limited basis.

TANZANIA MINISTRY

Machame School of Nursing: Your gift will help with the cost of tuition, room and board. A full scholarship is \$1,700.

Houses for Health: Your gift helps with the cost of building a small basic, dry safe house. The cost to build a house is \$3,400.

Clinical Officer Program/PA: Your gift will help with the cost of tuition, room and board. A full scholarship is \$1,700.

OTHER OPTIONS

- Behavioral
- Cardiovascular
- Diagnostic Imaging
- Emergency Medicine
- Neuroscience
- Oncology
- Orthopedics
- Rehabilitation
- Women's



Scan this code
to make
your donation
online!