



My Information

* Employee ID: _____
 * Full Name: _____
 * Work Location: _____
 * Department: _____
 Spouse/Partner Name: _____
 * Address: _____
 * City: _____ State: _____ Zip: _____
 Primary Phone: _____ Home (Landline) Cell
 * Work Email: _____
 Birthday (MM/DD): _____
 * denotes a required field

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: \$ _____

Hourly Wage (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 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: _____

I would like my gift to support...

CUMC-Bergan Mercy

- General Technology
- Oncology Radiation 3-D Printer
- Patient Assistance
- Professional Development
- Other (see page 2 for options)

Immanuel

- General Equipment
- Patient Assistance
- Professional Development
- Other (see page 2 for options)

Lakeside

- Cancer IQ System
- Patient Assistance
- Professional Development
- Other (see page 2 for options)

Mercy Council Bluffs

- General Equipment
- McDermott Therapy Garden
- Patient Assistance
- Other (see page 2 for options)

Midlands

- Healing Garden
- Patient Assistance
- Professional Development
- Other (see page 2 for options)

CHI Health Clinic

- Patient Assistance

CHI Health Foundation

- Clinical Pastoral Education
- End of Life Comfort Care
- Faith, Hope & Love
- Forensic Nurse Examiner (S.A.N.E.)
- Infant Bereavement

Tanzania Mission

- Machame School of Nursing
- Houses for Health
- Clinical Officer Program/PA

Lasting Hope Recovery

Mercy Corning Healthcare Foundation

Missouri Valley Community Memorial Foundation

Plainview Foundation

Schuyler Memorial Foundation

United Way

Cash, check, payroll deduction, or PTO **only**. Please return this completed form with your donation back to your foundation development officer.

I would like my gift to remain anonymous.

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.

Other ways to give:

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



Thank you for your support! Please return forms to:

CHI Health Foundation
 12809 W Dodge Rd, Omaha, NE 68154 | Give.CHIHealth.com/OMA-EMP
 Questions? Contact Samantha Kafka at (402) 343-4590

Philanthropy@Work 2021 Funds

CUMC-Bergan Mercy

General Technology: Used to purchase, upgrade, or maintain hardware and software applications, including advancements in the Electronic Medical Records system, to aid in patient care, research, and staff productivity. *Goal: \$25,000*

Patient Assistance: This fund benefits patients treated at CUMC-Bergan Mercy facilities by providing assistance for prescription medications, transportation, and other health related needs for patients who qualify. *Goal: \$40,000*

Professional Development: Funds will support staff education and training. *Goal: \$40,000*

Radiation Oncology 3-D Printer: As 3-D printing becomes more prevalent, its use in the field of radiation oncology presents several new exciting advancements. 3-D printing allows for the creation of highly specific patient molds to match one's exact anatomy. The ability to create such highly customizable accessories can better enhance a patient's radiotherapy. *Goal: \$40,000*

Immanuel

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. *Goal: \$25,000*

Patient Assistance: This fund benefits patients treated at Immanuel facilities by providing assistance for prescription medications, transportation, and other health related needs for patients who qualify. *Goal: \$20,000*

Professional Development: Funds will support staff education and training. *Goal: \$20,000*

Lakeside

Cancer IQ System: A software program that helps healthcare providers use genetic information to predict, preempt, and prevent cancer. The CancerIQ program also helps to diagnose and track hereditary cancer. *Goal: \$20,000*

Patient Assistance: This fund benefits patients treated at CHI Health facilities by providing assistance for prescription medications, transportation, and other health related needs for patients who qualify. *Goal: \$20,000*

Professional Development: Funds will support staff education and training. *Goal: \$20,000*

Mercy Council Bluffs

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. *Goal: \$20,000*

McDermott Therapy Garden: This fund supports a new space for our behavioral and mental health patients to improve the quality of care and enhance the healing process by

using the restorative power of nature. The garden will also allow for unique programming beneficial to our patients, including group therapy sessions, yoga, meditation, gardening, group exercise, and more. *Goal: \$40,000*

Patient Assistance: This fund benefits patients treated at Mercy Council Bluffs facilities by providing assistance for prescription medications, transportation, and other health related needs for patients who qualify. *Goal: \$20,000*

Midlands

Healing Garden: The Midland's Healing Garden aims to provide a place of refuge, and promote healing in patients, family, and staff. *Goal: \$10,000*

Patient Assistance: This fund benefits patients treated at Midlands facilities by providing assistance for prescription medications, transportation, and other health related needs for patients who qualify. *Goal: \$10,000*

Professional Development: Funds will support staff education and training. *Goal: \$10,000*

CHI Health Clinic

Patient Assistance: This fund benefits patients treated at CHI Health Clinic facilities by providing assistance for prescription medications, transportation, and other health related needs for patients who qualify. *Goal: \$25,000*

Omaha/Iowa Foundations

Clinical Pastoral Education (CPE): CPE is professional education for ministry with people in crisis. CPE participants are clergy, lay ministers and seminarians who serve in CHI Health facilities as chaplain residents and interns. The purpose of this fund is to provide tuition assistance to participants who meet the criteria. *Goal: \$20,000*

End of Life Comfort Care: This fund 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. *Goal: \$5,000*

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. *Goal: \$15,000*

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. *Goal: \$10,000*

Infant Bereavement: 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, keepsake items, semi-annual memorial and committal services, and burial assistance on a limited basis. *Goal: \$10,000*

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.

Lasting Hope Recovery Center

Annual Employee Campaign: These funds can be used to support technology, equipment and programs with Campus Leadership approval. *Goal: \$10,000*

Mercy Corning Healthcare Foundation

Annual Employee Campaign: These funds can be used to support technology, equipment and programs with Campus Leadership approval. *Goal: \$5,000*

Missouri Valley Community Memorial Foundation

Annual Employee Campaign: These funds can be used to support technology, equipment and programs with Campus Leadership approval. *Goal: \$5,000*

Plainview Foundation

Annual Employee Campaign: These funds can be used to support technology, equipment and programs with Campus Leadership approval. *Goal: \$5,000*

Schuyler Memorial Foundation

Annual Employee Campaign: These funds can be used to support technology, equipment and programs with Campus Leadership approval. *Goal: \$5,000*

Other Options

If you would like to give to a service line, please choose one of the below.

- Behavioral
- Cardiovascular
- Neuroscience
- Oncology
- Orthopedics
- Women's



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|| Good Happens Here ||

CHI Health Foundation



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Good Happens Here

CHI Health Foundation

CHI Health Clinic • Creighton University Medical Center - Bergan Mercy • Immanuel • Lakeside
Lasting Hope Recovery Center • Mercy Corning • Mercy Council Bluffs • Midlands • Missouri Valley • Plainview • Schuyler

AUTOMATIC BANK WITHDRAWAL AUTHORIZATION FORM

Please fill out this ACH authorization form completely, and return to your local development officer or to the foundation.

My Information

* Employee ID: _____

* Full Name: _____

* Work Location: _____

* Department: _____

Spouse/Partner Name: _____

* Address: _____

* City: _____ State: _____ Zip: _____

Primary Phone: _____ Home (Landline) Cell

* Work Email: _____

Birthday (MM/DD): _____

* denotes a required field

My donation information...

Automatic bank withdrawals (ACH) are processed on the 10th of each month.

Please deduct the following amount per month: \$ _____

- Start my deduction on January 10, 2021
- Start my deduction the next available date.

I would like my gift to remain anonymous.

I would like my gift to support...

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- General Technology
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Lasting Hope Recovery

Mercy Corning Healthcare Foundation

Missouri Valley Community Memorial Foundation

Plainview Foundation

Schuyler Memorial Foundation

United Way

Cash, check, payroll deduction, or PTO **only**. Please return this completed form with your donation back to your foundation development officer.

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 CHI Health 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, invitations, 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



philanthropy@WORK

Good Happens Here

CHI Health Foundation