



philanthropy@WORK

|| Good Happens Here ||

CHI Health Foundation

My personal information

\* Full Name: \_\_\_\_\_ DOB (Month/Day): \_\_\_\_\_
\* Address: \_\_\_\_\_ \* City: \_\_\_\_\_ \* St: \_\_\_\_\_ \* Zip: \_\_\_\_\_
Primary Phone: \_\_\_\_\_ [ ] Home (Landline) [ ] Cell Home Email: \_\_\_\_\_
\* Employee ID: \_\_\_\_\_ \* Work Email: \_\_\_\_\_
\* Location and Department where you work: \_\_\_\_\_

\* denotes a required field

My donation information

by Payroll Deduction

[ ] Please deduct the following amount (per pay period for 26 deductions, or one-time, as noted below) starting January 2019.
[ ] Per pay period [ ] One time Amount: \$ \_\_\_\_\_

through the Hour Club

[ ] Please deduct the equivalent of one hour or more of my pay, (per pay period for 26 deductions, or one-time, as noted below) starting January 2019.
[ ] Per pay period [ ] One time Number of hours: \_\_\_\_\_

by PTO Deduction

[ ] Please deduct the following number of PTO hours (per pay period for 26 deductions, or one-time, as noted below) starting January 2019.
[ ] Per pay period [ ] One time Number of hours: \_\_\_\_\_

\*The gross value of donated PTO hours will be forwarded to the foundation. Employee will pay taxes on the gift.

by Automatic Bank Withdrawal (processed on the 20th of each month)

[ ] Please deduct the following amount (per month for 12 deductions or one-time only as noted below), starting January 20, 2019.
[ ] Per pay period [ ] One time Amount: \$ \_\_\_\_\_

I authorize CHI Health Foundation to initiate a debit entry to my bank 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 the pledge is paid off or CHI Health Foundation has received notification from me to stop. Please attach a voided check to this completed form and return it to the foundation office.

[ ] Continue my pledge until I notify the foundation to stop.
[ ] I would like my gift to remain anonymous.

I authorize CHI Health to withhold my payroll deduction as indicated above. I understand that the information on this form will be entered in the foundation database and used to administer this donation, send acknowledgements, greeting cards, tax statements, etc.
\* Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I would like my gift to support

- [ ] General Capital (Technology/Equipment/Building)
[ ] Employee Emergency Fund
[ ] GRACE Program
[ ] Growing Great Kids
[ ] Patient Family Assistance Fund
[ ] United Against Violence

PLEASE NOTE

• Deductions must be a minimum of \$5 per pay period.
• If you select more than one fund, you must contribute at least \$5 per deduction to each fund. Your total donation will be divided equally between all funds selected.



CHI Health
St. Mary's Foundation

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/StMary

## Ways to give to the 2019 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 2019 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.*

### General Capital (Technology/Equipment/Building)

These funds can be used to support technology, equipment, and programs with campus leadership approval.

### Employee Emergency Fund

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.

### GRACE

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

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.

### Patient 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.

### 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 Thursday, November 1<sup>st</sup>. Thank you for your support!**