



philanthropy@WORK
 | Good Happens Here |
 CHI Health Foundation

My personal information

* Employee ID: _____

* Full Name: _____

* Location (please select the location where you work)

<input type="checkbox"/> Clinic	<input type="checkbox"/> Lakeside	<input type="checkbox"/> Mercy Corning
<input type="checkbox"/> CUMC-Bergan Mercy	<input type="checkbox"/> McAuley Fogelstrom	<input type="checkbox"/> Missouri Valley
<input type="checkbox"/> Immanuel	<input type="checkbox"/> Mercy Council Bluffs	<input type="checkbox"/> Plainview
<input type="checkbox"/> Lasting Hope	<input type="checkbox"/> Midlands	<input type="checkbox"/> Schuyler

* 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

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: \$ _____

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: _____

PTO Deduction

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: _____

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:

<p>CHI Health Foundation</p> <p><input type="checkbox"/> End of Life Comfort Care</p> <p><input type="checkbox"/> Faith, Hope & Love</p> <p><input type="checkbox"/> Infant Bereavement</p>	<p>Midlands</p> <p><input type="checkbox"/> Patient Assistance</p> <p><input type="checkbox"/> Professional Development</p> <p><input type="checkbox"/> SANE program</p> <p><input type="checkbox"/> Other (see page 2 for options)</p>
<p>CUMC-Bergan Mercy</p> <p><input type="checkbox"/> Patient Assistance</p> <p><input type="checkbox"/> Professional Development</p> <p><input type="checkbox"/> SANE program</p> <p><input type="checkbox"/> Other (see page 2 for options)</p>	<p>Tanzania Mission</p> <p><input type="checkbox"/> Machame School of Nursing</p> <p><input type="checkbox"/> Houses for Health</p> <p><input type="checkbox"/> Clinical Officer Program/PA</p>
<p>Immanuel</p> <p><input type="checkbox"/> Patient Assistance</p> <p><input type="checkbox"/> Professional Development</p> <p><input type="checkbox"/> SANE program</p> <p><input type="checkbox"/> Other (see page 2 for options)</p>	<p>Clinic</p> <p><input type="checkbox"/> Patient Assistance</p> <p><input type="checkbox"/> Lasting Hope</p> <p><input type="checkbox"/> Mercy Corning</p> <p><input type="checkbox"/> Missouri Valley</p> <p><input type="checkbox"/> Plainview</p> <p><input type="checkbox"/> Schuyler</p> <p><input type="checkbox"/> United Way</p> <p>Cash or check only. Please return form with donation to your local development officer.</p>
<p>Lakeside</p> <p><input type="checkbox"/> Patient Assistance</p> <p><input type="checkbox"/> Professional Development</p> <p><input type="checkbox"/> SANE program</p> <p><input type="checkbox"/> Other (see page 2 for options)</p>	<p>Mercy Council Bluffs</p> <p><input type="checkbox"/> Patient Assistance</p> <p><input type="checkbox"/> SANE program</p> <p><input type="checkbox"/> Other (see page 2 for options)</p>

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.

Other ways to give:

To make a one-time gift, or set up a monthly deduction via credit/debit card or ACH, please visit our online donation form at GIVE.CHIHealth.com/Foundation. ACH deductions can also be set up via the attached form. To pay by check or cash, return this completed form with your donation 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/Foundation
 Questions? Michelle.Schram@alegent.org or 402.343.4590

Philanthropy@Work 2019 Funds

CHI Health Foundation

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

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 Mission Fund:

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.

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

CUMC-Bergan Mercy

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: \$40,000

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

SANE: 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: \$20,000

Immanuel

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: \$20,000

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

SANE: 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

Lakeside

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: \$20,000

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

SANE: 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

Mercy Council Bluffs

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: \$40,000

SANE: 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



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CHI Health Foundation

Midlands

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: \$10,000

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

SANE: 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: \$5,000

Lasting Hope Recovery Center

Philanthropy@Work: These funds can be used to support technology, equipment and programs with Campus Leadership approval.
Goal: \$10,000

Mercy Corning

Philanthropy@Work: These funds can be used to support technology, equipment and programs with Campus Leadership approval.
Goal: \$5,000

Missouri Valley

Philanthropy@Work: These funds can be used to support technology, equipment and programs with Campus Leadership approval.
Goal: \$5,000

Plainview

Philanthropy@Work: These funds can be used to support technology, equipment and programs with Campus Leadership approval.
Goal: \$5,000

Schuyler

Philanthropy@Work: These funds can be used to support technology, equipment and programs with Campus Leadership approval.
Goal: \$5,000

United Way

Dollars donated to the United Way Community Investment are distributed to the most needed programs and services each year in Education, Income and Health.

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



CHI Health Foundation

CHI Health Clinics • Creighton University Medical Center - Bergan Mercy • Good Samaritan • Immanuel • Lakeside
Lasting Hope Recovery Center • Mercy Corning • Mercy Council Bluffs • Midlands • Missouri Valley • Nebraska Heart
Plainview • Richard Young Behavioral Health • Schuyler • St. Elizabeth • St. Francis • St. Mary's

AUTOMATIC BANK WITHDRAWAL AUTHORIZATION FORM

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

Questions? Contact Janet Stiles at Janet.Stiles@alegent.org or 402.343.4565

My personal information

* Employee ID: _____

* Full Name: _____

* Location (please select the location where you work)

- | | | |
|--|---|--|
| <input type="checkbox"/> Clinic | <input type="checkbox"/> Lakeside | <input type="checkbox"/> Mercy Corning |
| <input type="checkbox"/> CUMC-Bergan Mercy | <input type="checkbox"/> McAuley Fogelstrom | <input type="checkbox"/> Missouri Valley |
| <input type="checkbox"/> Immanuel | <input type="checkbox"/> Mercy Council Bluffs | <input type="checkbox"/> Plainview |
| <input type="checkbox"/> Lasting Hope | <input type="checkbox"/> Midlands | <input type="checkbox"/> Schuyler |

* 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 20th of each month.

Please deduct the following amount (per month, for 12 deductions or longer if continue option is selected), starting January 20, 2019.

Amount: \$ _____

Continue my monthly gift until I notify the foundation to stop.

I would like my gift to remain anonymous.

I would like my gift to support:

CHI Health Foundation

- End of Life Comfort Care
- Faith, Hope & Love
- Infant Bereavement

CUMC-Bergan Mercy

- Patient Assistance
- Professional Development
- SANE program
- Other (see page 2 for options)

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- Patient Assistance
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- Patient Assistance
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Midlands

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- Professional Development
- SANE program
- Other (see page 2 for options)

Tanzania Mission

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

Clinic

- Patient Assistance

Lasting Hope

Mercy Corning

Missouri Valley

Plainview

Schuyler

United Way

Cash or check only. Please return form with donation to your local 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 the pledge is paid off or 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.

Signature: _____ Date: _____



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ATTACH A VOIDED CHECK TO THIS FORM