



Together we shine.

2025 Annual Campaign



CHI Health™

Good Samaritan Foundation

Employee Information

* Full Name: _____ * Employee ID: _____

* Work Location: _____ * Department: _____

* Work Email: _____ Mobile Phone: _____

* Home Address: _____ * City: _____ State: _____ Zip: _____

I would like my gift to remain anonymous.

* denotes a required field

Payroll Donation Options...

NOTE: New HR rules require that all PTO Vacation donations be a minimum of one (1) hour per pay period per fund. You will be able to donate a minimum of one (1) hour per fund every other pay period if you wish.

Specific Amount (for eligible employees)

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

Every pay period Donation Amount: \$ _____

Start my recurring donation: Next pay period January 10, 2025

One-time Only Donation Amount: \$ _____

Take my one-time donation: Next pay period January 10, 2025

PTO Vacation Hours (for eligible employees)

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

Every pay period Number of hours per pay period:

Start my recurring donation: Next pay period January 10, 2025

Every other pay period Number of hours every other pay period:

Start my recurring donation: Next pay period January 10, 2025

One time only Number of hours one time only:

Take my one time donation: Next pay period January 10, 2025

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.

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 Good Samaritan 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: _____

I would like my gift to support...

Good Samaritan

- Ambulance Replacement Project
- Cancer Assistance
- Evelyn Watts Endowed Scholarship
- Good Sam
- Hospital and Staff Support
- Laboratory
- Respiratory Therapy
- Richard Young

Additional Information

ONLINE GIVING

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

Give.chihealth.com/GoodSamaritanAnnual

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.

Thank you for your support! Please return forms to:

CHI Health Good Samaritan Foundation

115 W 32nd St, Kearney, NE 68847

Questions? Contact Cindi Richter

(308) 865-2705 or Cindi.Richter@chihealth.com



Together we shine.

2025 Annual Campaign



CHI Health™

Good Samaritan Foundation

Appeal Funds

Ambulance Replacement Project: The Good Samaritan Emergency Services Department needs to continue to replace five of the aging ambulances within the fleet. The units cover 911 calls and long distance transports within the coverage area.

Cancer Assistance: Funds provide assistance with food, hotel, transportation, and other needs for patients.

Evelyn Watts Endowed Healthcare Scholarship: Funds provide annual healthcare career scholarships to applicants enrolled in healthcare programs.

Good Sam: The purpose of the Good Sam fund is to provide emergency financial assistance to your fellow workers during times of need. This fund is administered by the Good Samaritan Foundation and is available for current employees who meet the criteria.

Hospital & Staff Support: Funds will be used to enhance patient care, enrich staff well-being, support program needs, and purchase or upgrade equipment and other items for the hospital and its patients.

Laboratory: Funds are used to support the greatest needs of the Good Samaritan Laboratory Department.

Respiratory Therapy: In 2022, the Good Samaritan Respiratory Therapy Department established a scholarship for future respiratory therapists. This scholarship is awarded to a local respiratory therapy student entering their final year of respiratory therapy school. Funds also support the needs of the Respiratory Therapy Department.

Richard Young Hospital

Funds provide support for patient assistance (medications, transportation, and other health related needs), enrich staff well-being, support program needs, and purchase or upgrade equipment and other items for the hospital and its patients.



Scan this code
to make
your donation
online!