



# Together we shine.

## 2026 Annual Campaign - Employees



**CHI Health**  
Good Samaritan Foundation

### Employee Information

\* Full Name: \_\_\_\_\_ \* Employee ID: \_\_\_\_\_  
\* Work Location: \_\_\_\_\_ \* Department: \_\_\_\_\_  
\* Work Email: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_  
\* Home Address: \_\_\_\_\_ \* City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Birthdate (mm/dd): \_\_\_\_\_ T-shirt size (circle one): S M L XL 2XL 3XL  
*\*indicates a required field*

### Payroll Donation Options...

Per HR rules 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 Payroll 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 9, 2026

☐ One-time Only Donation Amount: \$ \_\_\_\_\_

Take my one-time donation: ☐ Next pay period ☐ January 9, 2026

#### 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 9, 2026

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

Start my recurring donation: ☐ Next pay period ☐ January 9, 2026

☐ One time only Number of hours one time only:

Take my one time donation: ☐ Next pay period ☐ January 9, 2026

When making a one-time donation of a large number of vacation hours (10 or more) your deduction will be split over multiple pay periods to minimize any tax impact on your paycheck. The value of donated PTO hours is fully tax deductible and will be listed on your pay stub each pay period. The deadline for PTO donations is the Tuesday (10 days) prior to payday.

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.

\* Signature: \_\_\_\_\_ \* Date: \_\_\_\_\_

☐ I would like my gift to remain anonymous.

### I would like my gift to support...

#### Good Samaritan

- ☐ Ambulance Replacement Project
- ☐ Cancer Assistance
- ☐ Capital Excellence
- ☐ Good Sam
- ☐ Nursing Shared Governance Scholarship
- ☐ Professional Development
- ☐ 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](https://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 with your gift, to your local foundation.

**Thank you for your support! Please return forms to:**

CHI Health Good Samaritan Foundation  
115 W 32<sup>nd</sup> St, Kearney, NE 68847

Questions? Contact Cindi Richter  
(308) 865-2705 or [Cindi.Richter@CommonSpirit.org](mailto:Cindi.Richter@CommonSpirit.org)



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CHI Health™

Good Samaritan Foundation

## Appeal Funds

**Ambulance Replacement Project:** The Good Samaritan Emergency Services Department needs to continue to replace three 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.

**Capital Excellence:** Funds will be used to support improvement projects, capital improvements or other capital hospital priorities. Ambulance replacements and a bronchoscope purchase are the types of patient-centric projects that donor support can help move forward at our hospital.

**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.

**Nursing Shared Governance Scholarship:** Funds provide annual healthcare career scholarships to benefit employees at Good Samaritan Hospital and Richard Young who are pursuing a nursing degree.

**Professional Development:** Funds will provide professional development opportunities for Good Samaritan Hospital and Richard Young employees.

**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!