



Together we shine.

2025 Annual Campaign



CHI Health™
Mercy Corning Foundation

My Information

* Full Name & Title (Mr., Mrs., Ms., Dr., etc.): _____

* Spouse/Partner's Full Name & Title (Mr., Mrs., Ms., Dr., etc.): _____

* Address: _____

* City: _____ State: _____ Zip: _____

Mobile Phone: _____

* Primary Email: _____

* denotes a required field

I would like my gift to remain anonymous.

I would like to donate...

Cash or Check

Return your cash or check (make checks out to Mercy Corning Foundation), with this completed form, to the foundation office.

Donation Amount: \$ _____

Credit/Debit Card

To make a one-time donation, or set up a recurring donation via credit/debit card (processed on the 10th of each month), please visit our online form at Give.chihealth.com/MercyCorningAnnual.

I would like my gift to support...

- Employee Emergency & Hardship:** This fund is used to provide emergency financial assistance to CHI Health employees during times of need.
- Hospital and 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.
- Patient Assistance:** This fund benefits patients by providing assistance for prescription medications, transportation, and other health related needs for patients who qualify.
- Other:** (write in your choice) _____



Scan this code
to make
your donation
online!

Thank you for your support! Please return forms to:
CHI Health Mercy Corning Foundation
603 Rosary Dr, Corning, IA 58041-1683
Questions? Contact Katie Maynes
(641) 322-6276 or Katie.Maynes@chihealth.com