



# Together we shine.

2025 Annual Campaign



CHI Health™

Mercy Corning Foundation

## My Information

\* Full Name: \_\_\_\_\_

\* Work Location: \_\_\_\_\_

\* Address: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_

\* denotes a required field

Employee I.D. #: \_\_\_\_\_

\* Department: \_\_\_\_\_

\* City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

\* Work Email: \_\_\_\_\_

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 10<sup>th</sup> of each month, or every other Friday), please visit our online form at [Give.chihealth.com/MercyCorningAnnual](http://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](mailto:Katie.Maynes@chihealth.com)