



Together we shine.

2026 Annual Appeal



CHI Health™
Mercy Corning Foundation

My Information

* Full Name: _____

Spouse/Partner Name: _____

* Address: _____

* City: _____ State: _____ Zip: _____

Mobile Phone: _____

* Primary Email: _____

Birthdate (mm/dd): _____

* denotes a required field

☐ I would like my gift to remain anonymous.

I would like to donate...

☐ Cash or Check

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

Donation Amount: \$ _____

☐ Credit/Debit Card

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

I would like my gift to support...

- ☐ **Capital Excellence:** Funds will be used to support improvement projects, capital improvements or other capital hospital priorities. A 3-D mammography unit and OR lights are the types of patient-centric projects that donor support has helped move forward at our hospital.
- ☐ **Employee Emergency & Hardship:** This fund is used to provide emergency financial assistance to CHI Health employees during times of need.
- ☐ **Patience Assistance:** Funds benefit 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 50841-1683
Questions? Contact Katie Maynes
(641) 322-6276 or Katie.Maynes@CommonSpirit.org