



Together we shine.

2025 Annual Campaign



CHI Health™

Missouri Valley 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 Missouri Valley 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...

Missouri Valley

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 Comfort: This fund benefits patients by providing assistance for prescription medications, transportation, and other health related needs for patients who qualify.

Additional Information

ONLINE GIVING

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

Give.chihealth.com/MissouriValleyAnnual

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 Missouri Valley Foundation
631 N 8th St, Missouri Valley, IA 51555-1102

Questions? Contact Nikki Davis
(712) 642-9213 or Nikki.Davis900@chihealth.com



Scan this code to make your donation online!