



# Together we shine.

## 2026 Annual Campaign - Employees

**CHI Health**

Missouri Valley Foundation

### Employee Information

\* Full Name: \_\_\_\_\_ \* Employee ID: \_\_\_\_\_

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

\* Work Email: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

\* Home Address: \_\_\_\_\_ \* City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Birthdate (mm/dd): \_\_\_\_\_ *\*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 Missouri Valley 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 support...

☐ **Capital Excellence:** Funds will be used to support improvement projects, capital improvements or other capital hospital priorities. A 3-D mammography unit and new clinic beds are the types of patient-centric projects that donor support can help move forward at our hospital.

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

☐ **Salter Cancer Patient Assistance:** Funds will be used to help Harrison County, Iowa, residents who are battling cancer and in need of financial aid.

### Additional Information

#### ONLINE GIVING

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

[Give.chihealth.com/MissouriValleyAnnual](https://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 with your gift, to your local foundation.

☐ I would like my gift to remain anonymous.



Scan this code  
to make  
your donation  
online!

**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@CommonSpirit.org](mailto:Nikki.Davis900@CommonSpirit.org)