



Together we shine.

2025 Annual Campaign



CHI Health[™]
Plainview 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 Plainview Foundation), with this completed form, to the foundation office.

Donation Amount: \$ _____

Credit/Debit Card

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

I would like my gift to support...

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.

Other: (write in your choice) _____



Scan this code
to make
your donation
online!

Thank you for your support! Please return forms to:

CHI Health Plainview Foundation
704 N 3rd St, Plainview, NE 68769-2047
Questions? Contact Diane Blair

(402) 582-4245 x1330 or Diane.Blair@chihealth.com