



# Together we shine.

2025 Annual Campaign



**CHI Health™**  
Schuyler Foundation

## My Information

\* Full Name & Title (Mr., Mrs., Ms., Dr., etc.): \_\_\_\_\_

\* Spouse/Partner's Full Name & Title (Mr., Mrs., Ms., Dr., etc.): \_\_\_\_\_

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

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

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

\* Primary Email: \_\_\_\_\_

\* denotes a required field

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 Schuyler 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), please visit our online form at [Give.chihealth.com/SchuylerAnnual](http://Give.chihealth.com/SchuylerAnnual).

## 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 Schuyler Foundation  
104 W 7<sup>th</sup> St, Schuyler, NE 68661-1304  
Questions? Contact Claudia Lanuza

(402) 352-4075 or [Claudia.Lanuza@chihealth.com](mailto:Claudia.Lanuza@chihealth.com)



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2024 Annual Campaign



## SCHUYLER MEMORIAL FOUNDATION

**General Capital/Equipment:** Funds can be used to purchase, upgrade, or maintain equipment and other items to support hospital operations, enhance patient care, aid in research, and increase staff productivity.

## CHI HEALTH CLINICS

**Patience Assistance:** Funds benefit patients treated at CHI Health clinics by providing assistance for prescription medications, transportation, and other health related needs for patients who qualify.

## CHI HEALTH FOUNDATION

**End of Life Comfort Care:** Funds will provide comfort carts that have supportive reading materials, music, and light refreshments for families so they do not have to leave their loved one's bedside.

**Faith, Hope, & Love:** The purpose of Faith, Hope & Love is to provide emergency financial assistance to your fellow workers during times of need. Funded exclusively by employee contributions, this fund is administered by CHI Health to current employees who meet the criteria.

**Forensic Nurse Examiner Program:** The program seeks to reduce the physical and psychological trauma of sexual assault, human trafficking and domestic violence through sensitive and timely medical examinations performed by specially trained nurse examiners.

**Infant Bereavement:** Funds will supply grief support resources to patients and their families who experience the loss of a baby during pregnancy, at birth or shortly after birth. Funds are used to purchase memory boxes, keepsake items, semi-annual memorial and committal services, and burial assistance on a limited basis.

## TANZANIA MINISTRY

**Machame School of Nursing:** Your gift will help with the cost of tuition, room and board. A full scholarship is \$1,700.

**Houses for Health:** Your gift helps with the cost of building a small basic, dry safe house. The cost to build a house is \$3,400.

**Clinical Officer Program/PA:** Your gift will help with the cost of tuition, room and board. A full scholarship is \$1,700.

## OTHER OPTIONS

- Behavioral
- Cardiovascular
- Diagnostic Imaging
- Emergency Medicine
- Neuroscience
- Oncology
- Orthopedics
- Rehabilitation
- Women's