



# Together we shine.

## 2025 Annual Campaign



### 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 Schuyler 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...

#### Schuyler

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.

### Additional Information

#### ONLINE GIVING

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

[Give.chihealth.com/SchuylerAnnual](http://Give.chihealth.com/SchuylerAnnual)

#### 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 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)



Scan this code to make your donation online!