



Together we shine.

2026 Annual Appeal



My Information

* Full Name: _____

Spouse/Partner Name: _____

* Address: _____

* City: _____ State: _____ Zip: _____

Mobile Phone: _____

* Primary Email: _____

Birthdate (mm/dd): _____

* denotes a required field

☐ I would like my gift to remain anonymous.

I would like to donate...

☐ Cash or Check

Return your check or cash, with this completed form (make checks out to CHI Health Schuyler Foundation), to the foundation office.

Donation Amount: \$ _____

☐ Credit/Debit Card

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

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 ED crash carts are the types of patient-centric projects that donor support has helped move forward at our hospital.

☐ **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 17th St, Schuyler, NE 68661-1304
Questions? Contact Claudia Lanuza
(402) 352-4075 or Claudia.Lanuza@CommonSpirit.org