



Together we shine.

2023 Annual Campaign



My Information

* Employee ID: _____
 * Full Name: _____
 * Work Location: _____
 * Department: _____
 * Work Email: _____
 * Home Address: _____
 * City: _____ State: _____ Zip: _____
 Cell Phone: _____
 Birthday (MM/DD): _____
 Spouse/Partner Name: _____

* denotes a required field

I would like my gift to support...

St. Francis

- Breast Health Patient Care
- Employee Stewardship
- Greatest Needs
- Nursing Professional Development Scholarship
- Project Care (patient assistance)
- Project Think FAST
- Other (see page 2 for options)

Payroll Deduction Options...

Specific Amount (for eligible employees)

Please deduct the following amount (per pay period or one-time, as noted below).

Per pay period One time Amount: \$ _____
 Start my deduction: January 13, 2023 Next pay period

Salary Hours (for eligible employees)

Please deduct the equivalent of salary hours entered (per pay period or one-time, as noted below). *can be donated in half hour increments

Per pay period One time # of Hours: _____
 # Estimated hourly salary: \$ _____
 Start my deduction: January 13, 2023 Next pay period

PTO (for eligible employees)

Please deduct the number of PTO hours entered (per pay period or one-time, as noted below). *can be donated in half hour increments

Per pay period One time # of Hours: _____
 # Estimated hourly salary: \$ _____
 Start my deduction: January 13, 2023 Next pay period

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 St. Francis 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: _____

Additional Information...

ONLINE GIVING

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

Give.CHIHealth.com/StFrancisAnnual

PAYROLL DEDUCTION INFORMATION

- Must be a minimum of \$5 per pay period.
- Multiple funds 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 the St. Francis Foundation office.

My gift, equal to the equivalent of one or more hours per pay period of PTO or salary, qualifies me for the hour club.

I would like my gift to remain anonymous.

Thank you for your support! Please return forms to:

CHI Health St. Francis Foundation
 2620 W Faidley Ave, Grand Island NE 68803-4205
 Questions? Contact Melissa Griffith
 308.398.5684 or Melissa.Griffith500@chihealth.com



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Campaign Funds

Breast Health Patient Care: This fund is used to upgrade, purchase, and maintain equipment, and any other items needed to enhance breast health patient care.

Chapel/Pastoral: Your gift will support St. Francis staff chaplains and ministry volunteers in providing spiritual support, comfort, and related resources for our patients, their families, and hospital staff in accordance with our organization's mission and core values.

Child Safety: Your gift will assist St. Francis in child safety community education efforts, which provide professional infant/child car seat installation and checks, qualified financial assistance for car seat purchases, promotion and distribution of general safety program information ranging from bicycle and water safety to general childhood health and well-being topics.

Employee Stewardship: This fund provides support for fellow employees in their time of financial need. Funds are raised by employees through this annual campaign, with the support of the foundation's unrestricted funds.

Greatest Needs: This fund is used for emerging areas of greatest needs in alignment with CHI Health St. Francis' mission.

Heart & Cardiopulmonary: This fund is used to purchase, upgrade, or maintain equipment and other items, to support the St. Francis Heart, Cardiopulmonary, and Cath Lab operations, to enhance patient care, and increase staff productivity.

Maternal Child: This fund is used to purchase items needed for new parents, and to upgrade, or maintain equipment and other items needed for the Labor & Delivery department. Your gift can also be used to provide grief support resources to patients and their families who experience the loss of a baby, and for memory boxes, keepsake items, and other needs.

Nursing Professional Development Scholarship: This fund is used to provide scholarships for nurses who want to earn a Bachelor of Science in Nursing (BSN) degree, or a Master of Science in Nursing (MSN) degree. Funds can also be used for certification prep.

Pediatrics: This fund is used to purchase items to enhance the care of pediatric patients and their families, including but not limited to toys, iPads, equipment for the department and any other needs.

Project Care (patient assistance): This fund is used to help patients and their families with needs related to their medical care, such as medications, hotel accommodations, meals, and others.

Project Serenity: This fund is used to provide adult victims of sexual assault, human trafficking, domestic or intimate partner violence an exclusive, safe place to receive immediate comprehensive and compassionate care, as well as evidence collection from our FNE (forensic nurse examiner) teams.

Project Think FAST: Your gift will be used to help provide community and patient education, as well as enhanced EMS response training, related to the importance of timely identification and immediate life-saving actions when faced with warning signs and symptoms of stroke.