



Together we shine.

2025 Annual Campaign



CHI Health
St. Francis 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 St. Francis 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 10th of each month), please visit our online form at Give.chihealth.com/StFrancisAnnual.

I would like my gift to support...

- Cardiology:** This fund is used to support the needs of the Heart, Cardiopulmonary, Cardiac Rehab, and Cath Lab operations.
- 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.
- 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.
- Maternal Child:** 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.
- 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.
- Other:** (write in your choice) _____



Scan this code
to make
your donation
online!

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