



Together we shine.

2025 Annual Campaign



CHI Health
St. Francis Foundation

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 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: _____

I would like my gift to support...

St. Francis

- Cardiology
- Employee Stewardship
- Hospital and Staff Support
- Maternal Child
- Nursing Professional Development Scholarship
- Project Care (patient assistance)

Additional Information

ONLINE GIVING

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

[Give.chihealth.com/StFrancisAnnual](https://give.chihealth.com/StFrancisAnnual)

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 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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Appeal Funds

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: 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.



Scan this code
to make
your donation
online!