



Together we shine.

2026 Annual Appeal



CHI Health™
St. Francis Foundation

Employee Information

* Full Name: _____ * Employee ID: _____
* Work Location: _____ * Department: _____
* Work Email: _____ Mobile Phone: _____
* Home Address: _____ * City: _____ State: _____ Zip: _____
Birthdate (mm/dd): _____ **indicates 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 St. Francis 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, or every other Friday), please visit our online form at Give.chihealth.com/StFrancisAnnual

I would like my gift to support...

- ☐ **Baby Bereavement:** Help us make a difference for those affected by the loss of a baby. Donating to this special project to create a private suite for parents who need time and space to grieve following the loss of a baby. Together, we can create a soothing place for those facing an unimaginable loss.
- ☐ **Capital Excellence:** Funds will be used to support improvement projects, capital improvements or other capital hospital priorities. CT Machines and a meditation room are the types of patient-centric projects that donor support can help move forward at our hospital.
- ☐ **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.
- ☐ **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.
- ☐ **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