



Together we shine.

2026 Annual Appeal - Employees



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): _____ T-shirt size (circle one): S M L XL 2XL 3XL

**indicates a required field*

One-time gifts of \$70 or more, or recurring gifts of \$5 or more per pay period will receive a free t-shirt (see image on last page).

Payroll Donation Options...

Per HR rules 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 Payroll 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 9, 2026

☐ One-time Only Donation Amount: \$ _____

Take my one-time donation: ☐ Next pay period ☐ January 9, 2026

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 9, 2026

☐ Every other pay period Number of hours every other pay period:

Start my recurring donation: ☐ Next pay period ☐ January 9, 2026

☐ One time only Number of hours one time only:

Take my one time donation: ☐ Next pay period ☐ January 9, 2026

When making a one-time donation of a large number of vacation hours (10 or more) your deduction will be split over multiple pay periods to minimize any tax impact on your paycheck. The value of donated PTO hours is fully tax deductible and will be listed on your pay stub each pay period. The deadline for PTO donations is the Tuesday (10 days) prior to payday.

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.

* Signature: _____ * Date: _____

☐ I would like my gift to remain anonymous.

I would like my gift to support...

- ☐ Baby Bereavement Suite
- ☐ Capital Excellence
- ☐ Cardiology
- ☐ Employee Stewardship
- ☐ Maternal Child
- ☐ Nursing Professional Development Scholarship
- ☐ Pediatrics
- ☐ 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 with your gift, to your local foundation.

Thank you for your support! Please return forms to:

CHI Health St. Francis Foundation

2620 W Fairley Ave, Grand Island NE 68803-4205

Questions? Contact Melissa Griffith

(308) 398-5684 or Melissa.Griffith500@CommonSpirit.org



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Appeal Funds

Baby Bereavement Suite: 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: Capital Excellence funds are 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.



Any one-time gift of \$70 or more, or recurring gift of \$5 or more per pay period will receive a "Thank you for your support" t-shirt.



Scan this code
to make
your donation
online!