



# 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: \_\_\_\_\_

I would like my gift to remain anonymous. \* denotes a required field

## Employee Payroll Deduction Options...

### Specific Amount (for eligible employees)

Please deduct the amount entered (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).

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

### PTO Vacation Hours (for eligible employees)

Please deduct the number of PTO Vacation hours entered (per pay period, or one-time, as noted below).

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. Mary's 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...

- General Capital/Equipment Fund
- Growing Great Kids
- Patient Family Assistance
- United Against Violence
- Other \_\_\_\_\_

## Additional Information...

### 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.

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

### Other Ways to Give... (Contracted Staff, Board Members, etc...)

#### ONLINE GIVING

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

[Give.CHIHealth.com/StMarysAnnual](http://Give.CHIHealth.com/StMarysAnnual)

#### CASH OR CHECK

Amount \$ \_\_\_\_\_

Please return this completed form, along with your gift, to your local foundation office.

**Thank you for your support! Please return forms to:**

CHI Health St. Mary's Foundation  
 1301 Grundman Blvd, Nebraska City, NE 68410-3319  
 Questions? Contact Traci Reuter  
 402.873.8920 or [Traci.Reuter@chihealth.com](mailto:Traci.Reuter@chihealth.com)



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## Campaign Funds

**Employee Emergency:** This fund is used to provide emergency financial assistance to your fellow workers during times of need.

**General Capital/Equipment:** This fund is used to purchase, upgrade, or maintain equipment and other items to support hospital operations, enhance patient care, aid in research, and increase staff productivity.

**GRACE Program:** Funds will supply grief support resources to patients and their families who experience the loss of a baby during pregnancy, at birth or shortly after birth. Funds are used to purchase memory boxes, keepsake items, semi-annual memorial and committal services, and burial assistance on a limited basis.

**Growing Great Kids:** This fund supports families as they build healthy, safe environments for their children to grow and learn in, creating a community of compassionate, well-nurtured children. This fund provides a one-time well child visit, and home visits to families prenatal to age three.

**Patient Family Assistance:** This fund benefits patients treated at CHI Health St. Mary's by providing assistance for prescription medications, transportation, and other health related needs for patients who qualify.

**United Against Violence:** This program seeks to reduce youth violence through reducing risk, building resilience, and providing youth with skills. Donations will assist in youth violence prevention efforts in the Otoe County community and four school districts.