



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	Credit/Debit Card
Return your cash or check (make checks out to St. Mary's Foundation), with this completed form, to the foundation office. Donation Amount: \$	To make a one-time donation, or set up a recurring donation via credit/debit card (processed on the 10 th of each month), please visit our online form at Give.chihealth.com/StMarysAnnual.
I would like my gift to support	
☐ Employee Emergency: This fund is used to provide emergence times of need.	ency financial assistance to CHI Health employees during
☐ Hospital and Staff Support: Funds will be used to enhance and purchase or upgrade equipment and other items for the state of the sta	
☐ Growing Great Kids: This fund supports families as they b learn in, creating a community of compassionate, well-nut and home visits to families prenatal to age three.	uild healthy, safe environments for their children to grow and cured children. This fund provides a one-time well child visit,
☐ Hospital & Staff Support Endowment: This fund will be usequipment and other items to support hospital operations	· · · · · · · · · · · · · · · · · · ·
☐ Patient Family Assistance: This fund benefits patients treat prescription medications, transportation, and other health	, , ,
Other: (write in your choice)	



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