



2025 Annual Campaign

M	y Information		
* V * A Me	Full Name:  Vork Location:  Address:  Obile Phone:  Jenotes a required field	Employee I.D. #:  * Department:  * City:  State:  Zip:  * Work Email:	
Ιw	ould like to donate		
□ Cash or Check  Return your cash or check (make checks out to St. Mary's Foundation), with this completed form, to the foundation office.  Donation Amount: \$		Credit/Debit Card  To make a one-time gift, or set up a recurring gift via credit/debit card (processed on the 10 <sup>th</sup> of each month, or every other Friday), please visit our online form at Give.chihealth.com/StMarysAnnual.	
۱v	vould like my gift to support		
	<b>Employee Emergency:</b> This fund is used to provide emergency financial assistance to CHI Health employees during times of need.		
	Hospital and Staff Support: Funds will be used to enhance patient care, enrich staff well-being, support program need and purchase or upgrade equipment and other items for the hospital and its patients.		
	<b>Growing Great Kids:</b> This fund supports families as they build healthy, safe environments for their children to grow and learn in, creating a community of compassionate, well-nutured children. This fund provides a one-time well child visit, and home visits to families prenatal to age three.		
	Hospital & Staff Support Endowment: This fund will be used for future needs - to purchase, upgrade, or maintain equipment and other items to support hospital operations, and increase staff productivity.		
	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.		
	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