



# Together we shine.

## 2025 Annual Campaign



**CHI Health**  
St. Mary's Foundation

### Employee Information

\* Full Name: \_\_\_\_\_ \* Employee ID: \_\_\_\_\_

\* Work Location: \_\_\_\_\_ \* Department: \_\_\_\_\_

\* Work Email: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

\* Home Address: \_\_\_\_\_ \* City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

I would like my gift to remain anonymous.

\* denotes a required field

### Payroll Donation Options...

**NOTE:** New HR rules require that 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 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 10, 2025

One-time Only Donation Amount: \$ \_\_\_\_\_

Take my one-time donation:  Next pay period  January 10, 2025

#### 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 10, 2025

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

Start my recurring donation:  Next pay period  January 10, 2025

One time only Number of hours one time only:

Take my one time donation:  Next pay period  January 10, 2025

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...

#### St. Mary's

- Employee Emergency
- Growing Great Kids
- Hospital and Staff Support
- Hospital & Staff Support Endowment
- Patient Family Assistance

### Additional Information

#### ONLINE GIVING

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

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

#### 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, along with your gift, to your local foundation.

**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



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## Campaign Funds

**Employee Emergency:** This fund is used to provide emergency financial assistance to CHI Health employees during times of need.

**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.

**Hospital & Staff Support:** Funds will be used to enhance patient care, enrich staff well-being, support program needs, and purchase or upgrade equipment and other items for the hospital and its patients.

**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.



Scan this code  
to make  
your donation  
online!