



YES, I would like to support the Tanzania Ministry.



CHI Health Foundation

My personal information

This donation is/will be made by: ☐ an individual ☐ a team
(for a team, have each team member fill out a form for their portion of the donation)

Team Name: _____

* Employee ID #: _____

* Name: _____

* Location (please select the location where you work)

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> Clinic | <input type="checkbox"/> Lasting Hope | <input type="checkbox"/> Missouri Valley | <input type="checkbox"/> St. Mary's |
| <input type="checkbox"/> CUMC - Bergan Mercy | <input type="checkbox"/> McAuley Fogelstrom | <input type="checkbox"/> Nebraska He | <input type="checkbox"/> Schuyler |
| <input type="checkbox"/> Good Samaritan | <input type="checkbox"/> Mercy Corning | <input type="checkbox"/> Richard Young | <input type="checkbox"/> St. Elizabeth's |
| <input type="checkbox"/> Immanuel | <input type="checkbox"/> Mercy Council Bluffs | <input type="checkbox"/> Plainview | <input type="checkbox"/> St. Francis |
| <input type="checkbox"/> Lakeside | <input type="checkbox"/> Midlands | <input type="checkbox"/> Service Center | |

* Department: _____

* Work Email: _____

☐ I am a National Employee.

*denotes a required field.

I would like my tax-deductible gift to be...

(select one) ☐ A one-time gift ☐ A pledge

(Fill out the section below to indicate the payment method of choice)

I would like my pledge to continue for multiple years:

☐ 1 year ☐ 2 years ☐ 3 years ☐ _____ years

☐ Do NOT list my name in any donor recognition.

by Payroll Deduction (deductions will start the next pay period)

☐ I would like to donate \$ _____ per pay period, for 26 pay periods.

☐ I would like to be a member of the "Hour Club" and donate one hour (or more) of my pay, for 26 pay periods.

Number of hours per pay period: _____

☐ I would like to donate one hour (or more) of PTO, for 26 pay periods.

Number of hours per pay period: _____

by Credit Card

To make a one-time gift, or set up a monthly pledge payment, please visit our online donation form at GIVE.CHIHealth.com/Tanzania

by ACH (automatic bank withdrawal)

To set up a monthly pledge payment, please visit GIVE.CHIHealth.com/Tanzania and fill out the online form or download and complete the printable form, then return it.

by Check

Make check out to CHI Health Foundation and return with this completed form.

Signature: _____ Date: _____

I would like my gift to support:

☐ **Machame Hospital School of Nursing** - Began in 2010 to address the shortage of nursing staff to citizens. There are many African youth qualified and desiring to enroll in the school, but cannot afford the cost (tuition, room and board is only **\$1,700** per year). CHI Health has sponsored 91 students to date who have graduated. This program has been life changing for the students and their families....and for the society as a whole.



☐ **Houses for Health** - Began in 2007 to address the need of people living in substandard housing. Tanzania is one of the poorest countries in the world and we find many living in houses that even by African standards are abysmal. The cost to build a small basic, dry safe house is **\$3,400**. Using 100% local material and labor assists the local economy as well. So far, CHI Health has completed 140 houses for 140 families, and we continue to build.



☐ **Clinical Officer Program/PA** - Machame Hospital has operated a training program for clinical officers for more than 45 years. A clinical officer is a mid-level provider, much like a PA or nurse practitioner. Due to the huge shortage of actual physicians in Tanzania, they provide a great deal of the front line care, especially in rural areas. A gift of **\$1,700** provides full tuition, room, board, and school fees for one clinical officer for one year.

Any donation amount is very much appreciated!!

All of these projects have been funded by donors and supporters. We welcome you to join us in these efforts. If you have any questions, please contact Bob Kasworm at Robert.Kasworm@alegent.org or Kathy Bertolini at Kathryn.Bertolini@alegent.org

Please return forms to:

Kathy Bertolini
CHI Health Foundation
12809 W Dodge Rd, Omaha, NE 68154

To donate online, visit GIVE.CHIHealth.com/Tanzania