



# 2019 Employee Giving Campaign

- **Foundation Initiatives:** Purchase of life-saving equipment such as a 3D Tomosynthesis Unit and Da Vinci XI Surgical Robot.
- **Brazos Health Resource Center:** The center assists patients with non-medical needs, helping them avoid additional injury or illness and removing barriers to full recovery.
- **Employee Development:** These funds are used for training and continuing education for team members, ensuring they are able to provide the best care to our patients.
- **Mission Integration:** Mission integration supports the Sisters' tradition of healing the whole patient. These traditions include providing inspirational and faith-filled reminders in our facilities, aiding training and development of our spiritual care team, sharing the Sisters' mission with team members who visit The Sisters of Sylvania in Ohio, and assuring the continual focus of the Sisters' mission of healthcare ministry.

**Questions? Contact Chuck Konderla at**  
**CKonderla@st-joseph.org or 979.774.2167**

## My Personal Information

\*CHI Employee ID #: \_\_\_\_\_

\*Full Name: \_\_\_\_\_

\*Address: \_\_\_\_\_

\*City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary Phone: \_\_\_\_\_

Home (Landline)  Cell

Work Phone: \_\_\_\_\_

\*Work Email: \_\_\_\_\_

*\*denotes a required field*

## I would like my gift to support...

Please choose only one or two areas to support:

- Foundation Initiatives
- Brazos Health Resource Center
- Employee Development
- Mission Integration

\*If you choose two funds, the amount will be split evenly between the two.

## Methods of Giving

### Credit/Debit Card

To make a one-time gift, please visit our online donation form at [CHStJoseph.org/employee-giving](http://CHStJoseph.org/employee-giving).

### Automatic Payroll Deduction

To make a one-time gift, or set up a monthly deduction (to be deducted from the 2nd paycheck each month), please fill out and return this form.

**\*Team members may contribute to up to two initiatives with a minimum of \$5 each. These funds can be donated directly out of your paycheck.**

### Check

Make your check out to CHI St. Joseph Health Foundation and return the check with this completed form to the Foundation office.

## I would like to donate...

### through Payroll Deduction (for eligible employees)

Please deduct the following amount, as noted below starting November 1, 2019 through October 31, 2020.

One Time – Amount: \_\_\_\_\_

OR

Per Pay Period – Amount: \_\_\_\_\_,  
# of pay periods (26 max) \_\_\_\_\_

OR

Monthly – Amount: \_\_\_\_\_,  
# of months (12 max) \_\_\_\_\_

### through the Hour Club (for eligible employees)

I would like to be a member of the Hour Club and donate the equivalent of one hour of my pay (or more as noted below) starting November 1, 2019 through October 31, 2020.

# of hourly wages per pay period \_\_\_\_\_,  
# of pay periods (26 max) \_\_\_\_\_

*NOTE: If you are unsure if you are eligible for these methods of giving, please call the Foundation at 979.774.2167.*

**I authorize CHI St. Joseph Health to withhold my payroll deduction as indicated above. I understand that the information on this form will only be used to administer this donation.**

\* Date: \_\_\_\_\_

\* Signature: \_\_\_\_\_

## Thank you for your support!

**Please return this form to Chuck Konderla by:**

- **Email** [CKonderla@st-joseph.org](mailto:CKonderla@st-joseph.org)
- **Place in the secure lock box outside the Foundation office** 1st Floor of Regional to the right of the main information desk.

### • Mail to:

CHI St. Joseph Health  
 Foundation or Administration  
 2801 Franciscan Dr., Bryan, TX 77802  
 P: 979.774.2167

*For federal income tax purposes, CHI St. Joseph Health Foundation acknowledges that you have not received any goods or services for your contribution. Please keep this form for your tax records as documentation of your gift.*