

Our Caring Campaign Goal:

# Maximum Participation. *Endless* Impact.

Your gift, no matter the size, helps our coworkers in crisis and supports our health system's greatest needs.

**That's how we carry care everywhere!**



## ONGOING NEED

### Caring Coworkers Fund

Emergency assistance for employees facing financial hardship

- Help with unexpected expenses
- 400+ employees supported in 2024
- [MethodistHospitalFoundation.org/CaringCoworkers](https://MethodistHospitalFoundation.org/CaringCoworkers)

"It's overwhelming to know that everyone stepped in and helped out. I've never felt that kind of love from a work environment ever."

*Grateful Employee*



## GREATEST NEED

### Ortho-Neuro Expansion at Methodist Hospital

**Hope starts here.** More patients than ever are turning to Methodist for orthopedic, neurosurgery and neurology care.

Your gift can support an Ortho-Neuro expansion that includes a **new therapy and education center, advanced technology, and specialized patient rooms**—ensuring safer recoveries, shorter stays and stronger outcomes.

"If our caregivers have the support that lets them purchase the best, latest equipment; expand and innovate, it will directly impact our patients and patient outcomes. This project will raise the standard of care."

**Ginger Gifford**, 8-North patient and Methodist service executive



## Help Carry Care Everywhere.

**To make your contribution:** Complete the information on the other side of this pledge form.

OR

**To complete online:** visit the Methodist Employee Center.

*Care* is at the **core** of everything we do.

Thank you for participating in Caring Campaign!



Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

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

Department Name: \_\_\_\_\_

Employee ID: \_\_\_\_\_

 **To complete online**, visit the Methodist Employee Center.

**I Would Like to Support Methodist Hospital Foundation:** *(please check no more than two boxes)*

- |   |  |                                       |
|---|--|---------------------------------------|
| <input type="radio"/> Cancer Care           | <input type="radio"/> Community Service      | <input type="radio"/> Greatest Need – |
| <input type="radio"/> Caring Coworkers Fund | <input type="radio"/> Education/Scholarships | Ortho-Neuro Expansion                 |
| <input type="radio"/> Charitable Care       | <input type="radio"/> United Way             |                                       |

**Five Ways to Donate to Methodist Hospital Foundation:**

- ☐ Per Paycheck Deduction: \$ \_\_\_\_\_ *(Begins January 2026)*
- ☐ One-Time Paycheck Deduction: \$ \_\_\_\_\_ *(Deducted in February 2026)*
- ☐ Cash or Check: \$ \_\_\_\_\_
- ☐ Credit/Debit Card: **MethodistHospitalFoundation.org/CaringCampaign2026/Gift**

**i** **You can donate PTO** as a Caring Campaign contribution! Go to the Employee Center to make your gift.

**I Also Want to Support the Greatest Needs at:**

**Fremont Health Foundation**

- ☐ Per Paycheck Deduction: \$ \_\_\_\_\_  
*(Begins January 2026)*
- ☐ One-Time Paycheck Deduction: \$ \_\_\_\_\_  
*(Deducted in February 2026)*
- ☐ Cash or Check \$ \_\_\_\_\_
- ☐ Credit/Debit Card: **FremontHealthFoundation.org**

**Jennie Edmundson Hospital Foundation**

- ☐ Per Paycheck Deduction: \$ \_\_\_\_\_  
*(Begins January 2026)*
- ☐ One-Time Paycheck Deduction: \$ \_\_\_\_\_  
*(Deducted in February 2026)*
- ☐ Cash or Check \$ \_\_\_\_\_
- ☐ Credit/Debit Card: **JEHFoundation.org**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

☐ Please automatically renew my gift every year!

**Questions?** Contact your Caring Campaign ambassador or Methodist Hospital Foundation at (402) 354-4825.





<EEID>  
<Employee\_Name>  
<Mailcode> – <Employer>

<Dept\_Code>: <Dept\_Name>

Ambassador:  
<Ambassador\_Name>

<Deputy Ambassador:>  
<Deputy\_Ambassador\_Name>

<LAWSON>

<Appeal>

<Gift\_Amt>

- <Fund1>
- <Fund2>
- <Fund3>
- <Fund4>



*Thank You* for Your Participation

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