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 the picture of care in action!

ONGOING NEED

Caring Coworkers Fund

Emergency assistance for employees facing financial hardship

- **Help with unexpected expenses**
- **Nearly 340 employees supported in 2025**
- **Quick and confidential process**

"It's a beautiful thing that we help each other and that the Caring Coworkers Fund was able to help me in a time of need."

Grateful Employee

For more information or to connect with a Caring Coworkers representative, visit **MethodistHospitalFoundation.org/CaringCoworkers**

Caring for others is always a good look.

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

OR

To complete online: Go to the Employee Center. Under announcements, choose Caring Campaign.

The best look is looking out for others.

Thank you for participating in Caring Campaign!

Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Department Name: _____

Employee ID: _____

To complete online,
scan the code or visit the Methodist Employee Center

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

- ◯ Cancer Care
- ◯ Charitable Care
- ◯ Education/Scholarships
- ◯ Caring Coworkers Fund
- ◯ Community Service
- ◯ United Way

Five Ways to Donate to Methodist Hospital Foundation:

- ◯ Per Paycheck Deduction: **$** _____ *(Begins January 2027)*
- ◯ One-Time Paycheck Deduction: **$** _____ *(Deducted in February 2027)*
- ◯ Cash or Check: **$** _____
- ◯ Credit/Debit Card: **MethodistHospitalFoundation.org/Caring-Campaign-Gift**

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: **$** _____ *(Begins January 2027)*
- ◯ One-Time Paycheck Deduction: **$** _____ *(Deducted in February 2027)*
- ◯ Cash or Check **$** _____
- ◯ Credit/Debit Card: **FremontHealthFoundation.org**

Jennie Edmundson Hospital Foundation

- ◯ Per Paycheck Deduction: **$** _____ *(Begins January 2027)*
- ◯ One-Time Paycheck Deduction: **$** _____ *(Deducted in February 2027)*
- ◯ 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.

METHODIST HOSPITAL FOUNDATION