

**OUR 2024 GOAL: 100% PARTICIPATION**

# HUDDLE UP TO HELP OTHERS.

Your gift, no matter the size, touches lives in a meaningful way and shows your Methodist pride. It's what we do collectively that counts!



## ONGOING NEED

Caring Coworkers Fund (formerly Family Crisis Connection): Emergency assistance for employees facing financial hardship

**MethodistHospitalFoundation.org/  
CaringCoworkers**

## GREATEST NEED

For All Women: A campaign to grow Methodist Women's Hospital

**MethodistHospitalFoundation.org/  
ForAllWomen**

*"I just want to say 'thank you' from the bottom of my heart. When I was in crisis, you all helped me through one of the darkest times of my life."*

*- Grateful Employee*

## PAYROLL DEDUCTIONS

*(Per pay period, based on 26 pay periods)*

| PER PAYCHECK DEDUCTION | TOTAL GIFT |
|------------------------|------------|
| \$1                    | \$26       |
| \$5                    | \$130      |
| \$10                   | \$260      |
| \$15                   | \$390      |

## PAID TIME OFF (PTO) HOURS

*(Deducted in May 2024)*

**You can donate PTO as a Caring Campaign contribution!** PTO hours are converted to cash, taxes are subtracted, and the balance benefits the program of your choice. These hours will come from future accruals during 2024 and will be deducted in May. Any remaining hours in your donation will be deducted on the year's remaining PTO sellback days.

**Important notes:** Any PTO donations made in 2024 are irrevocable and cannot be withdrawn or changed, per federal regulations. PTO donations are subject to the PTO sellback taxation rate (40% by IRS rule). The net proceeds become your gift to the Foundation.

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



## TEAM METHODIST | FOR THE WIN

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



To complete online, go to MHS Intranet. Under announcements, choose Caring Campaign.

**THANK YOU FOR YOUR PARTICIPATION.**

Every gift, any size, helps our patients, coworkers and communities.



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

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

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

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

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

To complete online, go to MHS Intranet. Under Announcements, choose Caring Campaign.

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

- Cancer Care
- Education/Scholarships
- Greatest Need – For All Women
- Charitable Care
- Caring Coworkers Fund  
*(Formerly Family Crisis Connection)*
- United Way
- Community Service

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

- Per Paycheck Deduction: \$ \_\_\_\_\_ *(Begins January 2024)*
- One-Time Paycheck Deduction: \$ \_\_\_\_\_ *(Deducted in February 2024)*
- Cash or Check: \$ \_\_\_\_\_
- Credit/Debit Card: **MethodistHospitalFoundation.org/CaringCampaign2024**
- Paid Time Off (PTO): **HOURS** \_\_\_\_\_

*Your PTO hours will be deducted in May 2024. For more details on how a PTO gift works, please see the reverse side of this form.*

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

**Fremont Health Foundation**

- Per Paycheck Deduction: \$ \_\_\_\_\_  
*(Begins January 2024)*
- One-Time Paycheck Deduction: \$ \_\_\_\_\_  
*(Deducted in February 2024)*
- Cash or Check \$ \_\_\_\_\_
- Credit/Debit Card: **FremontHealthFoundation.org**

**Jennie Edmundson Hospital Foundation**

- Per Paycheck Deduction: \$ \_\_\_\_\_  
*(Begins January 2024)*
- One-Time Paycheck Deduction: \$ \_\_\_\_\_  
*(Deducted in February 2024)*
- Cash or Check \$ \_\_\_\_\_
- Credit/Debit Card: **JEHFoundation.org**

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

Please automatically renew my gift every year!