2021 CARING CAMPAIGN



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 Jennie Edmundson Foundation: (please check no more than two boxes)

Medi-Van

Scholarships

United Way

Caring for Our Communities

Employee Crisis Connection

- Greatest Need: Women's Services
- Behavioral Health
- Breast Health Center
- Cancer Center
- Cardiology

Five Ways to Donate:

Per Paycheck Deduction: \$______ (Begins January 2021)

One-Time Paycheck Deduction: \$ _____(Deducted in February 2021)

- Cash or Check
- Credit/Debit Card: jehfoundation.org
- Paid Time Off (PTO): HOURS ______ Your PTO hours will be deducted in February 2021. For more details on how a PTO gift works, please see the back side of this form.

I Also Want to Support the Greatest Needs at:

\bigcirc	Fremont Hospital Foundation	С	Methodist Hospital Foundation

Per Paycheck Deduction: \$ ______ (Begins January 2021)

One-Time Paycheck Deduction: \$ _____(Deducted in February 2021)

- Cash or Check
- Credit/Debit Card: fremonthealthfoundation.org or methodisthospitalfoundation.org

Signature:

Date:

Please automatically renew my gift every year!