



Methodist Fremont Health **HEROES**

**When we needed them most, they answered the call.
Now you can, too.**

Methodist Fremont Health employees have sacrificed so much in the fight against COVID-19. Our patients, families, and community members often ask about ways they can honor Methodist Fremont Health staff during this unprecedented time. Now is your chance to give back by supporting those workers through the Fremont Health Foundation's ***Honor a Methodist Fremont Health Hero.***

Your gift of just \$25 in honor of a Methodist Fremont Health staff member will support essential healthcare workers and help meet the health needs of our communities. Your donation will be used to continue to support our work during the pandemic and long after.

The Details:

- Any Methodist Fremont Health employee or department at any Methodist Fremont location can be honored
- Deadline to donate is May 15, 2021
- The Fremont Health Foundation will host a celebration honoring all employees who received donations in their honor. Each employee will receive a framed recognition certificate, and each donor will have their name listed on a sign in the Methodist Fremont Health lobby.

**Turn this page over or
visit our website,
fremonthealthfoundation.org
to make your gift in honor
of a Methodist Fremont
Health Hero!**



**FREMONT HEALTH
FOUNDATION**

450 E. 23rd St. | Fremont, Nebraska | (402) 727-3566
www.fremonthealthfoundation.org



Methodist Fremont Health HEROES

Honor a Methodist Fremont Health Hero

Your gift of just \$25 in honor of a Methodist Fremont Health staff member will support essential healthcare workers and help meet the health needs of our communities. Your donation will be used to continue to support our work during the pandemic and long after. Thank you for supporting Fremont Health Foundation and Methodist Fremont Health.

Visit www.fremonthealthfoundation.org to complete your donation online, or fill out the form below and mail to Fremont Health Foundation, 450 E. 23rd St., Fremont, NE 68025.

Name of employee to be honored: _____

Department/Location: _____

Your Name: _____

(please write exactly how you would like to be recognized)

☐ Check here if you would like your gift to be anonymous

Address _____ City, State, Zip _____

Phone Number _____ Email _____

☐ Check enclosed (payable to Fremont Health Foundation)

☐ \$25 ☐ Other \$ _____

☐ Credit Card (Visa, Mastercard, Discover accepted)

Card Number _____ Exp Date _____ CCV Code _____

Signature (to authorize credit card) _____

Gifts are tax deductible to the fullest extent of the law.



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