



Methodist Fremont Health HEROES

Help us honor Methodist Fremont Health Heroes!

Methodist Fremont Health employees are committed to being there when you need them most. Not just during a global pandemic or catastrophic flooding, but every day of the year. Team members from every department in the hospital do what's necessary to carry out their duties – and care for you and your loved ones.

During the month of May, we're giving you the opportunity to say "thank you" and honor any staff member of Methodist Fremont Health. Our patients, families, and community members often ask about ways they can honor our staff – now is your chance. Recognize those workers through the Fremont Health Foundation's

Honor a Methodist Fremont Health Hero.

Your gift of \$25 in honor of a Methodist Fremont Health staff member will support essential healthcare workers and help meet the health needs of our communities. Help us honor Methodist Fremont Health Heroes during the Fremont Area Big Give on May 10th or anytime through May 23rd.

The Details:

- Any Methodist Fremont Health employee or department at any Methodist Fremont location can be honored
- Deadline to donate is May 23, 2022
- The Fremont Health Foundation will host a celebration honoring all employees who received donations in their honor. Each employee will receive a 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



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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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