Yes! I want to help Methodist Hospital Foundation serve others.

100% of every gift made to Methodist Hospital Foundation benefits the program or project YOU choose.

Donor information:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

I would like my gift to benefit:

☐ Cancer Care ☐ Charitable Care ☐ Community Service ☐ Education

☐ Greatest Need ☐ Other: _____

This gift is: ☐ In Honor of ☐ In Memory of: _____

Your relationship to this person: _____

Please notify this person about my gift: _____

Address: _____

City: _____ State: _____ Zip: _____

Payment information:

Gift Amount: _____ (Please make checks payable to Methodist Hospital Foundation.)

Charge my credit card: ☐ MasterCard ☐ VISA ☐ AM EXP ☐ Discover

Name on Card: _____ Signature: _____

Credit Card #: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ Expiration Date: _____

Security Code: _____ Date: _____

☐ I wish to remain anonymous. ☐ Send me information about making a planned gift.

Thank you for your gift! Please mail this form to the address listed below or fax to (402) 354-4868.

METHODIST HOSPITAL FOUNDATION

8701 West Dodge Road, Suite 450, Omaha, NE 68114
Phone: (402) 354-4825 • Fax: (402) 354-4868
MethodistHospitalFoundation.org

If you no longer wish to receive information about Methodist Hospital Foundation, call (402) 354-4825 or send an email to foundation@nmhs.org.