



8401 W. Dodge Road, Ste. 225
Omaha, NE 68144
Phone: 402.354.4825 Fax: 402.354.4868
www.MethodistHospitalFoundation.org

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. No part of your gift is used for Methodist Hospital Foundation's operating expenses.

Date: _____

Donor Contact Information:

Name: _____

Address: _____

City, State ZIP: _____

Phone: _____ Email: _____

Methodist Hospital Foundation is included in my will. I wish to remain anonymous.

I would like my gift to benefit:

The Defining Moment Capital Campaign
 Methodist Women's Hospital
 Methodist Hospital 84th Street Improvements: Surgical Suites Pathology Center

Cancer Care Charitable Care Community Service Education
 Home Health Hospice Greatest Need Other _____

This gift is: *In Honor of:* *In Memory of:* _____
Name of Honored/Remembered

Your relationship to this person: _____

Please notify this person about my gift: Name: _____

Address: _____ City, State, Zip: _____

Here is my payment information:

My Gift Amount: _____ ***Please make checks payable to Methodist Hospital Foundation.***

Charge my credit card: MASTERCARD VISA AM EXP DISCOVER

Credit Card #: _____ Exp. Date: _____ Security Code: _____

Name on Credit Card: _____

Signature: _____ Date: _____

I would like information about:

News and information about future needs and events. Making a matching gift with my employer.
 Making a planned gift, such as a bequest.

Thank you for your gift! Please mail this form to the address listed above, or fax to 402.354.4868.