Interested?
Complete this form and return it to the Welcome Center, or contact Financial Assistance, see inside for details.

This program is funded thanks to the generosity of those who contribute to the Financial Assistance Campaign.

**MISSION STATEMENT**

YMCA of Bucks County is a charitable, nonprofit organization whose purpose is to improve the quality of community life. The YMCA strengthens the spirit, mind and body of all people. We build character by promoting the values of caring, respect, honesty and responsibility.

**MEMBER CARES PROGRAM**

If you have lost your full-time job, you may be eligible.

**CONTINUE YOUR Y MEMBERSHIP...**

**WE CAN HELP!**

**YMCA OF BUCKS COUNTY**

ymcabucks.org
LOST YOUR JOB?
If you are a current member at YMCA of Bucks County, and you’ve been a job market victim, you are surely thinking of ways to cut back on expenses.

DON’T CUT BACK ON YOUR Y MEMBERSHIP!
Now, more than ever, you and your family need:
• an outlet for stress
• a place to share emotional support with friends
• a community to help you stay healthy

The Member CARES program is designed for existing members and can help you keep your membership in place, even if you can’t afford what you were paying. Through special funds, and with support documentation, we may be able to waive a month’s dues while you get back on your feet.

Please complete this form and return it to the Welcome Center. Our Financial Assistance department will be in touch with you upon receipt.

For more information, visit ymcabucks.org or contact Financial Assistance:

**Doylestown & Warminster**
Catherine Refice
215.348.8131 x1139
crefice@cbfymca.org

**Quakertown**
Mariellen Butler
215.348.8131 x3017
mbutler@ymcabucks.org

**Fairless Hills & Newtown**
Amber McIntyre
215.949.3400 x65
amcintyre@ymcabucks.org

YMCA OF BUCKS COUNTY
Doylestown | Fairless Hills | Newtown | Quakertown | Warminster

Member CARES Program
Connection of Alternate Resources for Encouragement & Support

All requests for assistance are confidential

First Name ___________________________________________ Last Name ___________________________________________
Address ___________________________________________ Daytime Phone _______________________________________
City ___________________________________________ State ___________ Zip ______________________
E-Mail Address ___________________________________________
Effective Date of Lay-off ___________________________ Eligible for Unemployment Benefits?

AGREEMENT
I certify that the information on this application is true and complete.

Signature of applicant ___________________________ Date of application ___________________________

YMCA OF BUCKS COUNTY
Doylestown | Fairless Hills | Newtown | Quakertown | Warminster