



## **Share A Story**

### **“TCF PAY-IT-FORWARD”**

#### **WHAT IS THE TCF PAY-IT-FORWARD FUND?**

The TCF Pay-it-Forward Fund is designed to assist local community members who encounter a sudden event that leaves them with an unexpected and uncovered health-related financial burden.

#### **WHY WAS THE PAY-IT-FORWARD FUND FORMED?**

As a community foundation, we have been confronted with the fact that many individuals throughout the communities we serve encounter sudden tragedies that leave them with unexpected financial burdens.

#### **WHO MAY BE ELIGIBLE FOR PAY-IT-FORWARD FUNDING?**

It is our vision to provide funding to those who fall within the following guidelines:

- Individuals who suffer a **SUDDEN** event causing uncovered health-related financial consequences unmet by other resources, including but not limited to insurance coverage.
- Assistance is not intended for those who suffer financial hardship due to chronic or acute medical diagnoses or preexisting conditions.
- Recipient must be a resident of the TCF Service Area at the time of the event.

The **Share A Story** process will be used by the TCF Pay-It-Forward Committee to assess if the individual will receive funding. Funding is determined on a case-by-case basis and is only intended to help defray the impact of health-related costs, in keeping with the TCF “just that little extra” philosophy. Anyone can Share a Story – the individual who experiences a sudden event, a friend, or a family member. *(Names will be kept confidential by TCF. We will only share information if we have permission from the recipient receiving the Pay-It-Forward funding.)*

As you can well imagine, the level of requests to support individuals who suffer sudden misfortune exceeds our available resources. TCF makes every effort to be creatively responsive, subject of course, to our own fiscal constraints.

Please use additional sheets or attachments if appropriate.

# Share A Story

## “TCF PAY-IT-FORWARD”

Name of Proposed Recipient: _____
Contact Person: _____
Address: _____
City: _____ State _____ Zip Code _____
Phone Number: _____ Alternate Phone: _____
E-Mail Address : _____
What is the best time to contact you? Day of the Week? _____ Time? _____
Tell us about the sudden event that caused this hardship.
Tell us about the unfunded costs.

Return completed application to the Taylor Community Foundation offices located at:  
300 Johnson Avenue, P.O. Box 227  
Ridley Park, PA 19078  
(610) 461-6571 Fax (610) 521-6057  
[info@TCFhelps.org](mailto:info@TCFhelps.org)  
[www.TCFhelps.org](http://www.TCFhelps.org)

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Signature

\_\_\_\_\_  
Date