

MIKE'S MOTIVATION

For Mike the OneStep Program helped him get stonger and increase his stamina so that he could continue do the things he loved!

"Had I not been in this program I would have regressed physically."

Diagnosed with a mild form of MS in 1982, Mike decided that he would learn to manage the disease and jumped right in! He was part of the Board of Trustees of the National Multiple Sclerosis Society - New Jersey Metro Chapter for 16 years. It was there he learned about the Y's OneStep program. He attended the program kick off and it impressed him, so he decided to become a program participant.

Mike has seen a difference in his strength and found a community of support where participants have developed a bond of mutual understanding.





When you give to the Hamilton Area YMCA, you give the gift of health to so many.

Through the Y's Healthy Living Programs, our neighbors and friends are winning their battles against chronic disease and living more vital, active lives than they ever thought possible.

We know that a person living with cancer, multiple sclerosis, Parkinson's, or type II diabetes is often living with medical bills, co-pays, and lost days of work. That's why we are committed to offering programs like THRIVE, One Step and others at low- or no-cost to those who need them.

Help us provide our neighbors with a stronger, healthier future.

As a not-for-profit organization, your donations help over 2380 participants in our mission programs:



Annually, we subsidize over \$500,000 in program costs. Without your help, we can't sustain or grow these programs that benefit your neighbors and your community.

Name	n our community.
Address	
Phone	
Email	
YES! I want to help the Y create A Better Us with a gift of: \$10 \$25 \$50 \$100 \$250 \$500 Other: \$	
Recognition Name	
I do not wish to be recognized publicly.	
Please credit my gift to the following campaign te	am or fundraiser:
I would like to complete my gift in the following w Check enclosed made payable to Hamilton Cash Credit Card: Visa MC AMEX DISC Card #	Area YMCA
Name on Card	
Expiration Date	SID#
Please draft my credit card:	
One time/Full Amt Monthly Quarter	rly
Signature	
I am a Y member. Please draft my membership My company has a matching gift program. Plea I have included the Hamilton Area YMCA in my I would like to learn more about the benefits of Hamilton Area YMCA in my estate plans.	ase contact me. estate plans.
Kindly return this form to the Hamilton Area YMC/ Development Department, 1315 Whitehorse-Merc Hamilton, NJ 08619.	

For additional information about how you can help the YMCA build A Better Us, call 609.581.9622 ext 111.

Information filed with the Attorney General concerning this charitable solicitation may be obtained from the Attorney of the State of NJ by calling 973-504-6215. Registration with the Attorney General does not imply endorsement. EIN #21-0702879