



PLUS Foundation Conference Cause 2011

San Diego Armed Service YMCA programs are designed to give support to wounded, injured and ill military and their families. They offer therapeutic and recreational opportunities to help them improve mind, body and spirit. Over 40 programs are provided absolutely free, serving 9,000 individuals each month.

Serving the Balboa Naval Medical Center

- C5 Medavac and family support
- In-patient recreation & special outings
- Therapeutic horseback riding & therapy dogs
- Connecting patients and families with community services

Youth & Community Development

- Moms & Tots play groups
- Father-Daughter Dances
- Camp Hero day camps and activities
- Healthy Kids Day

Family Outreach

- Individual and marriage counseling
- Parenting education
- Family emergency supplies
- Information and referral services

These programs and **so much more** are improving the lives of service members



and their families. The San Diego Armed Services YMCA is a top-rated, fiscally responsible charity, providing quality services since 1921. Helping families stress less and connect more! For more information visit www.militaryymca.org.

This will be the PLUS Foundation's eighth annual CONFERENCE CAUSE—a philanthropic initiative designed to reflect the generosity of the PLUS membership and to make a positive contribution to communities that host the Annual PLUS Conference.

PLUS
FOUNDATION



I want to support Conference Cause 2011 San Diego Armed Services YMCA

100% of your donation will go directly to support San Diego Armed Services YMCA.
Please make your donation by November 25, 2011.

DONATE ONLINE – WWW.PLUSFOUNDATION.ORG

Name: _____

Company (optional): _____

Address (home or business): _____

City, State, Zip: _____

Phone: _____ E-mail: _____

Donation Amount:

- \$50
- \$100
- \$250
- \$500
- Other \$ _____

All donations are tax deductible to the extent provided by law.

- Check Enclosed (make all payments payable to the PLUS Foundation: ASYMCA)
- Please charge my credit card (check appropriate card) VISA MasterCard American Express Diners Club

Account Number: _____ Expiration Date: _____

Card Member Name (please print) _____

Signature _____

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