



THE CARE FUND

# Donate to the Care Fund

Occasionally elderly, disabled, or low-income members of our beach communities are simply unable to pay their utility bills because of a sudden or temporary financial crisis. Beaches Energy Services' CARE Program was designed so that we can help our neighbors in need.



BEACHES | ENERGY  
S E R V I C E S

11 North 3rd Street  
Jacksonville Beach, Florida 32250

For more information about our CARE Program,  
please call 904-247-6241

[beachesenergy.com](http://beachesenergy.com)

[flickr](#)

[YouTube](#)



Together,  
we can  
brighten  
the lives  
of others.



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## HELPING IS EASY

- 1 Make a donation by filling out the attached sign-up form.
- 2 Beaches Energy Services will match all contributions.
- 3 BEAM (Beaches Emergency Assistance Ministry), our administration partner, will deliver ONE utility voucher to qualified recipients.

It's that easy...and that important. To help, complete the attached form and return it with your next bill, or by email to [customerservice@beachesenergy.com](mailto:customerservice@beachesenergy.com).

## WHO CAN RECEIVE ASSISTANCE FROM THE PROGRAM?

CARE will provide assistance to qualified applicants who are customers of Beaches Energy Services.

### WHO IS ELIGIBLE TO RECEIVE ASSISTANCE

#### SENIOR CITIZEN

A customer 60 years of age and older whose household meets low or moderate income guidelines.

#### DISABLED

A customer who has been medically certified as having an impairment whose household meets low or moderate income guidelines.

#### LOW INCOME

A customer whose household meets low or moderate income guidelines.

#### EMERGENCY RELIEF

A customer with an unexpected extraordinary expense or financial crisis.

## HOW OFTEN CAN SOMEONE APPLY FOR CARE ASSISTANCE?

Each qualified household is eligible to receive assistance once within a 12-month period.

## I WANT TO HELP BY DONATING

I hereby authorize Beaches Energy Services to add the authorized amount indicated below to my monthly utility bill. This donation will remain in effect until I notify Beaches Energy Services that I no longer wish to participate in the CARE Fund.

Customer Name \_\_\_\_\_

Customer-Location # \_\_\_\_\_

Service Address \_\_\_\_\_

Contact Phone # \_\_\_\_\_

Please circle the amount of your monthly CARE donation.

\$1   \$2   \$5   Other: \$ \_\_\_\_\_

I would like to make a one-time donation of \$ \_\_\_\_\_ to the CARE Fund.

Signature \_\_\_\_\_

### Please return this form to:

Beaches Energy Services  
11 North 3rd Street  
Jacksonville Beach, Florida 32250-6930

Telephone: 904-247-6241

Fax: 904-247-6115

Email: [customerservice@beachesenergy.com](mailto:customerservice@beachesenergy.com)