EverTrust Health Share

Charitable Sharing Fund — Assistance Application

The Charitable Sharing Fund provides need-based assistance toward medical expenses for individuals facing financial hardship — open to members and non-members alike. Awards are made by the Board of Directors based on need; submitting this application does not guarantee assistance.

Full name

Email

Phone

EverTrust member? (Yes / No — optional)

Mailing address (optional)

Describe your medical need or situation

Total amount of the bill(s)

Amount of assistance requested

☐ I certify that the information provided is true and accurate to the best of my knowledge.

Your information is used only to review your request and is kept confidential.

Signature

Date

How to submit

Email this completed application, along with a copy of your bill or statement, to:
support@evertrusthealthshare.com