

Donation Form

Yes! I wish to help build Listening Ear's endowment funds within the Mt. Pleasant Area Community Foundation to ensure everlasting support.

- \$ _____ amount earmarked for the **Child Sexual Abuse Treatment** endowment fund. The program serves child victims as well as family members and women abused as children.

- \$ _____ amount earmarked for the **Crisis Center** endowment fund. The program provides 24-hour crisis, information and referral services everyday year round.

- \$ _____ amount earmarked for the **Consumers Needs and Dreams** endowment fund. The fund will benefit children and adults served by Listening Ear who are unable to achieve their personal needs, goals and dreams for the future without assistance.

- \$ _____ amount earmarked for the **Phil A. Langlois Endowment Fund for Listening Ear**. Established in memory and in honor of a past board president of Listening Ear, its primary purpose is to support programs and consumers of Listening Ear.

Please make checks payable to Mt. Pleasant Area Community Foundation and write Listening Ear in the memo area. Mt. Pleasant Area Community Foundation is a nonprofit organization that acts as a savings account for the community by endowing funds whose earnings will be used in perpetuity. The foundation is licensed by the State of Michigan to receive charitable contributions License MICS # 11035. All funds are owned and managed by the Mt. Pleasant Area Community Foundation. All gifts will be invested and the investment income will be distributed per the fund agreements and in accordance with the Foundation's spending policy. The Mt. Pleasant Area Community foundation maintains explicit authority to redirect earnings of any fund if distributions of said fund become unnecessary, impossible to fulfill or inconsistent with the needs of the community.

Name _____

May we publish your name? __ yes __ no

Address: _____

City/State/Zip _____

Phone Number _____

Email _____

This gift is in memory/honor (circle one) of _____

Please send an acknowledgement of this gift to

at (address) _____

(city/state/zip) _____

- Please contact me. I am interested in learning more about assisting Listening Ear through estate planning.

The form and check should be mailed to:

Mt. Pleasant Area Community Foundation

306 S. University, PO Box 1283

Mt. Pleasant, MI 48804-1283