



ANCHOR BAY
COMMUNITY
FOUNDATION

Barbara Richards Magic Wand Fund for Children

This fund is intended for children ages 2-18 who may be suffering with a medical condition or facing illness, or has family affected by illness, children with special needs, financial distress, or other family challenges.

The mission of the Anchor Bay Community Foundation and the Barbara Richards Magic Wand Fund for Children is to provide happy and hopeful memories for children, thereby providing wellness support.

These gifts may range from a special camp experience, a special pair of shoes, a gift under the holiday tree, back pack, clothing, specialized instruction, corrective glasses, medical need, and any and all uplifting gifts of hope.

Referrals may come from family, friends, teachers and administrative staff, schools, organizations, clubs and governmental agencies.

Applicant and/or parent(s) of the child will be contacted by a member of the Magic Wand Committee to gather information. Each application will be reviewed by the committee for determination and presented to the Anchor Bay Community Foundation Board of Directors for approval.

It is not the policy of ABCF to investigate programs or medical supplies and costs associated with grant requests. Therefore, supplemental materials must be provided before grants and checks are awarded.

For questions about the application process, please contact the ABCF office at 586-281-3275 or by e-mail at abcfoundation@comcast.net

Barbara Richards Magic Wand Fund for Children

APPLICATIONS ARE REVIEWED ON A MONTHLY OR EMERGENCY BASIS

Date of Application: _____ Applicant name: _____

What is your relationship to the child: _____

Your Phone Number: _____ Your e-mail: _____

Your Address: _____

Child's Full Name: _____

Child's Address: _____

Child's Age/Birthdate: _____

Has the child ever received a wish from any other organization? Yes/No If yes, who? _____

Name of Parent(s) _____

Contact Information for Parent(s): _____

What are you requesting for this child? Describe need or item: (You may use a supplemental page/attachment)

Describe amount you are requesting from the Foundation? _____

Check here if Supplemental Information is attached: _____

If awarded, check payable to: _____

Note: Photos or videos from programs supported by ABCF grants may be used in promotional materials and on our website. The full names or any personal identifying information of individuals will not be used to ensure the privacy of all individuals without express written approval from the subject, or if a minor, the parent or legal guardian.

Applicant signature: _____

Return to: Anchor Bay Community Foundation, P.O. Box 88 New Baltimore MI 48047-0088

**For further information call: Community Relations Director, Lynne Hoover Musilli
[586] 281-3275 Or email: abcfoundation@comcast.net ~ <http://abcf.us>**
