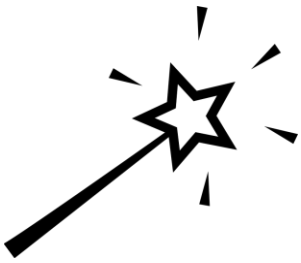

The Barbara Richards Magic Wand Fund for Children

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 memorial for children, thereby providing wellness support.

These gifts may range from a special camp experience, a special pair of shoes, back pack, clothing, specialized instruction, 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 and presented to the Board of Directors for approval.

Questions about the application process should be directed to the Anchor Bay Community Foundation office at 586-281-3275 or by e-mail at abcfoundation@comcast.net.

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

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.

APPLICATION:
BARBARA RICHARDS MAGIC WAND FUND

Date of Application: _____

Applicant Name: _____

What is your relationship to the child?

_____

Phone Number: _____ E-mail: _____

Street Address/City/Zip Code: _____

_____

Child's Full Name: _____

Child's Age/Birthdate: _____

Has the child received a wish from any other organization? __ Yes __ No

Name of Parent(s): _____

Contact Information/Address for Parents: _____

_____

Describe the situation for this child and the reason for applying: _____

_____

_____

What are you requesting for the child? You may provide supplemental information.
Describe the item:

_____

_____

Check here if Supplemental Information is attached: _____

Applicant signature: _____